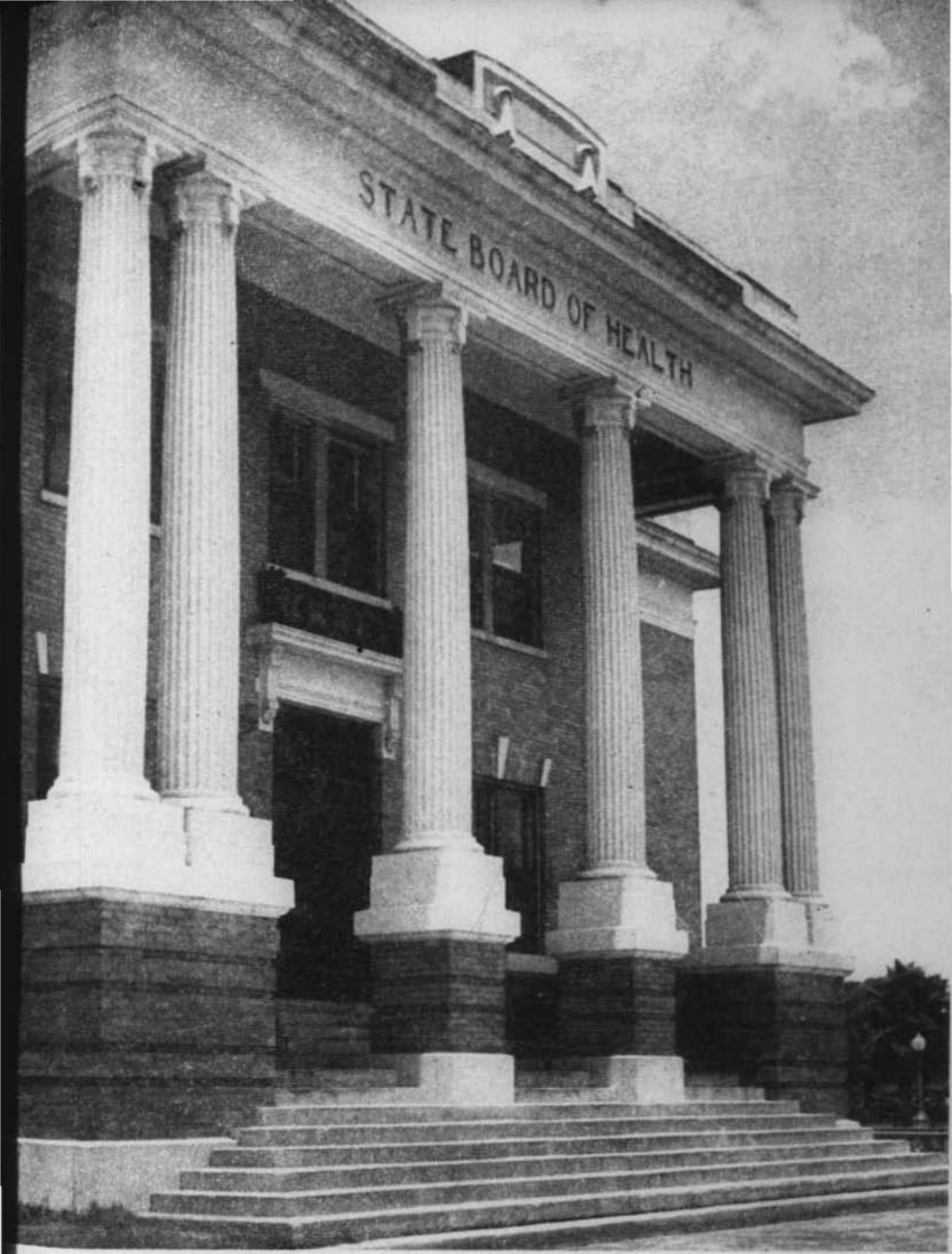


Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • JANUARY, 1944 • VOL. 36 • No. 1

Florida HEALTH NOTES

ESTABLISHED 19

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

★ NUTRITION AND DENTAL HEALTH

by D. H. TURNER, D.D.S., *Acting Director*
Bureau of Dental Health

Dental caries is one of man's most prevalent diseases. In a test to determine the effect of nutrition on dental health, general health and mental development, the Bureau of Dental Health of the State Board of Health is cooperating with the University of Florida by doing corrective dentistry and dental education on the children in a selected school in Western Florida.

A rural school was selected in which 97 per cent of the children had one or more nutritional deficiencies. Only two families in the community had had previous dental care. The county as a whole ranked low in annual income, and the community was low in the county.

The program consists of feeding a balanced school lunch to the children with special food, vitamin, and iron concentrates, and medical care for those children needing special attention. Another school with a similar group of children is being used as a control.

Dental care was started in April, 1943 with the State Board of Health's "Dentomobile" traveling to the school. The "Dentomobile" is a completely equipped dental office housed in a large trailer. This traveling office needs only a source of electric power and water to be ready to provide expert dental service.

On the first trip, examination of 119 students showed 81 per cent with dental caries and 44.5 per cent requiring extraction of deciduous or permanent teeth. The number of teeth extracted averaged 0.875 per child of which one-fourth were permanent ones. An average of 1.8 fillings per child was made.

On the second trip to this school in November, 1943, the effect of the earlier care was evident. Only 15.6 per cent of the 96 children examined required extractions which averaged .23 teeth removed per child. Of these teeth, one-fourth again were permanent ones. It is of interest to note that several of these extractions were for children whose parents had pre-

viously refused treatment for their children but had had the matter called to their attention by frequent toothaches since the previous visit. Many of these teeth could have been saved had treatment been given earlier.

Serious caries was noticeably less with 46 per cent of the children requiring filings which averaged 1.3 fillings per child. It should be noted that only the most important work was done, and the care given was not intended to complete all needed work in all children. Because of lack of time, some children in the upper grades were not examined.

The better diet has shown several obvious increases in general health and improvement in dental health also. At the beginning of the feeding program, the incidence of gingivitis was 73 per cent while three years later the incidence was only 5 per cent. When supplements of ascorbic acid and iron were discontinued and reduction of citrus fruits was necessary, gingivitis increased sharply.

Classes in food planning have been carried out in the school with some success and have undoubtedly aided in the improvement of general health and consequently dental health. The increase in the number of cows kept has been the most significant change in the community farm program.

As the financial condition of the community improved, interest in the nutrition program increased as evidenced by the fact that only 10 per cent of the parents helped to pay for the children's lunches the first year, while 30 per cent helped the second year, and over 50 per cent assisted the third year. In this school with a learning effectiveness of only 49 per cent (over half failed) before the program was started, there has occurred a definite improvement in general health, dental health, and school performance.

This experiment is showing that proper diet to prevent mal-nourishment can be applied to rural school children with considerable success as shown by reduction of anemia, gingivitis, and improved school performance. The need for regular dental care is effectively shown by the original high incidence of caries and extractions required. The success of such care is well illustrated by the marked lowering of the incidence of dental caries and need for extraction and the fact that home care has been stimulated.

★ EXPERIENCES IN TEACHING NUTRITION IN THE LOWER GRADES

by RUTH CONNER, Ph. D., *Professor of Home Economics Education and Child Development, Florida State College for Women*

For the past seven years short units on nutrition have been taught to children in the fourth, fifth, and sixth grades at the Demonstration School of the Florida State College for Women; three years ago nutrition teaching was extended to include grades one, two, and three. The supervisory teacher of home economics, or a graduate assistant in home economics education has been responsible for both the organization and teaching of these nutrition units. In each case the home economist has worked closely with the grade teachers.

During 1941-43 this work, which was experimental in nature, was carried on by a graduate student in home economics, working cooperatively with the teachers of these grades. In carrying out the program of nutrition education in the lower grades, she used as a beginning the three units of Rose and Bosley,* presenting them exactly as suggested by the authors. Those units are adaptable for use in any elementary classroom, requiring facilities which are available in even the less-well-equipped schools. If the suggestions of the authors are followed, the classroom teacher without nutrition training can teach these units fairly successfully. However, our experience in the Demonstration School has shown the advantage of having a person trained in nutrition directly responsible for such a program.

The unit used the first year in grades one and two was "Vegetables to Help Us Grow." A few easily obtainable,

*Rose, Mary Swartz and Bertlyn Bosley: *"Vegetables to Help Us Grow," "Feeding Our Teeth," "Our Cereals."* Obtainable from the Bureau of Publications, Teachers College, Columbia University, New York City, at 85 cents for the set.

commonly used vegetables (cabbage and carrots) were used alone in making raw sandwich fillings and a simple chopped vegetable salad with a lemon juice-evaporated milk dressing. At each lesson there was a "party" with the vegetables which the children had prepared served as refreshments. Since the main objective of this program was to teach children to like foods important for growth, the attractive qualities of the vegetables were commented upon during the lesson—their pretty, bright colors, their crispness, their sweet taste, and how nice the prepared vegetables looked on the brown bread used for the sandwich. The importance of learning to like many vegetables was stressed, and the children were encouraged to tell what vegetables they had eaten the day before. The progress of those who were trying to learn to eat a new vegetable was commented upon favorably. While the adult directed the activities in the classroom, they were all of such a nature that they could be repeated at home without help from or annoyance to the parents. A large number of the mothers reported that a child had made the salad or sandwich at home for supper, but more often than not the product had been eaten by the young cook before the family had an opportunity to taste it.

Three months after the completion of this unit on vegetables, a class picnic was planned. When the grade teacher asked, "What shall we take for lunch?" the children's answer was "Raw carrot sandwiches and cabbage salad!"

During the second year of the experiment, the nutrition units were organized around the foods that were commonly reported by mothers as disliked by the children in the three lower grades. Vegetables seemed to be disliked more commonly than any other one class of foods. The particular varieties of vegetables disliked by most children in a given grade took the center of the stage in the nutrition lessons planned for that grade. Different methods of preparation including simple cooking of the vegetable in question proved to be very interesting, and all well-liked recipes went home to mother.

The program for grade two, which contained a number of children with food problems, included a plan for school-home cooperation. The nutrition teacher visited the mother and secured her interest in helping to improve the child's diet, and her cooperation in keeping diet records and in serving

at stated intervals the foods which the school was trying to interest the child in eating. In this grade greater progress in improvement of eating habits was noted than in either of the other grades. However, four months after the teaching was completed a considerable number of children in all three grades was still making conscious effort to eat those foods which had been emphasized as desirable in their nutrition classes.

The most promising set-up for successful nutrition teaching in the elementary grades appears to be:

(1) Close cooperation between someone who knows up-to-date nutrition subject matter (in most school communities the high school home economics teacher) and an elementary teacher interested in promoting a nutrition program and skillful in presenting such material to elementary pupils.

(2) Well-planned experiences for children involving seeing, examining, preparing, testing, and learning interesting things about foods which should be eaten.

(3) Emphasis upon a few important concepts and facts of nutrition to which the teaching is confined.

(4) Active cooperation of family members who understand the school's program of nutrition education and who are interested and willing to support it.

If the grade teacher and the nutritionist plan together, it matters little which one conducts the lesson, provided both are equally interested in the children and the program. The nutritionist can sort out the facts to be taught and the elementary teacher can select those experiences most meaningful for her particular children.

★ THE SCHOOL LUNCH AS AN AID TO NUTRITION

by THELMA G. FLANAGAN, *State Supervisor of School Lunch Program, State Department of Education*

In Florida, schools that have been making full use of their School Lunch Programs are finding that their school lunch department is as important educationally as any other part of the school program. It is the aim of the State Department of Education School Lunch Department to assist all schools in the State to have functioning lunch programs that make the fullest use of their school lunch department as a device for promoting health and the nutritional well-being of school children.

A child begins to develop food habits, good or bad, even before he learns to talk. A mother who has already established good food and speech habits for her child by the time he enters public school is to be congratulated. It is the school's responsibility to see that the child continues to develop good habits in eating as well as in his school work. Likewise, the school has as much responsibility for the correction of faulty food habits as it does poor speech habits.

The following examples show how some schools are helping the development of good food habits through the lunchroom program.

School lunchrooms in Pinellas County have an elite organization "Clean Plate Commandos." Eligibility for membership is based on eating all food on one's plate. This has been an excellent means of teaching children to like a variety of foods, including some of which he may formerly have claimed to "dislike."

The school lunch department in Riviera, Florida, which has been operated as an educational device for several years has been given credit for helping induce Seminole children in that area to attend public schools—a rare accomplishment. In Nocatee, Florida, the Principal states "My teachers check the weight and growth of each child and stress proper diet and through our school lunch service we are able to really help those children who are in need. Twice as many children eat in the lunchroom as did two years ago although the school enrollment has not increased."

The Century colored school Principal has stated, "Through this program we have been able to encourage the children to eat those foods that are vitamin rich in addition to their normal diet of energy foods. To sum it up, one student (in the third grade) said one day, "I don't like lettuce," as she ate

the potato salad from the leaf, "but I like that cabbage stuff," (meaning slaw). Now she is eating both cabbage slaw and lettuce, as well as baked white potatoes with their jackets."

Once school administrators, teachers, pupils and parents have discovered the possibility of using school lunchrooms in other ways than just as "filling stations," many opportunities for the integration of the school lunch department with the activities of other school departments present themselves. Pupils in home economics, agriculture, health, and science classes may help plan menus. The same classes may be helpful in planning ways for children to overcome food dislikes. The arithmetic classes will be interested in changing recipes to serve large numbers, in figuring ration points necessary to purchase foods for a week's menus, market costs, and other mathematical calculations involved in the operation of the school lunch program. Social science classes will be particularly interested in planning ways of eliminating waste, helping to keep the lunchroom clean, and in helping children to become familiar with foods and food combinations to which they had not formerly been accustomed.

The School Lunch Program in addition to the improvement of health and nutritional well-being of children assists in developing desirable social habits, habits of cleanliness, appreciation of attractive surroundings and an enjoyment of eating in groups. Children used to clean hands, clean well prepared food from a clean kitchen at school, expect the same standards at home. Good food habits developed during school years will go with the child through life. They will improve the nutritional well-being of the adult as well as the child.

Good habits will remain long after incidental facts—"dates of wars and deaths of kings"—have been long forgotten.

The State Department of Education states that there are still FDA funds available to help schools which need financial assistance to operate school lunch rooms. Applications should be made by the school principal through his county superintendent, or directly to the State Department of Education. Small equipment and some pieces of large equipment are also available in Florida; for help in locating it, schools should write to Mrs. Flanagan of the State Department of Education.

★ NUTRITION IN PRENATAL CARE

by EMILY H. GATES, M. D., *Assistant Director*
Bureau of Maternal and Child Health

In times such as these, many thousands of America's pregnant women are living in congested areas near the Army, Navy or Marine camps at which their husbands are stationed. For the most part, they are living in one room, often without benefit of kitchen or even hot plate. Meals all too often consist of a sandwich and a cup of coffee at the nearest lunch counter. Obviously such a diet is inadequate for the mother, let alone for the infant obtaining its nourishment from her.

Although much has been written about the diet of the pregnant woman, it is felt that adherence to a few basic principles will assure an adequate diet in most cases. Fats, carbohydrates, proteins, and the accessories (minerals and vitamins) are essential. Insufficiency in the mother's diet may lead to development of such things as anemia, dental malformation and caries, poor musculature and rickets in the infant.

During the average pregnancy there should be a slight increase in the fat intake during the last months. Among other things, this is thought to favorably affect the clotting properties of the blood. Dairy products (milk, butter, eggs) and cod liver oil are particularly desirable, as their fats also contain the fat-soluble vitamins.

The carbohydrate requirement is also moderately increased, but should not be met at the expense of other elements of the diet. It is desirable that carbohydrate, in some form, be taken with each meal. Vegetables and fruits will supply most of this need, and further serve to control constipation by providing roughage.

One hears arguments for and against curtailment of protein intake during pregnancy. Protein is important in cell growth, and therefore should be provided for both the mother and infant. It is safe to say that it should be moderately increased, except when the attending physician gives instructions to the contrary.

Any diet adequate in other respects will provide most of the minerals and vitamins needed for health. But during pregnancy there is an increased demand for iron, calcium, and

phosphorus, particularly during the last three months. An abundance of green vegetables, together with meat and eggs, will provide ample amounts of iron. Since iron is stored by the infant during the months immediately preceding birth, an adequate intake of this mineral by the mother will help to prevent anemia so common early in life. Milk is low in iron content, so the mother who drinks large amounts of milk should not assume she is thus providing her infant with all its mineral needs. However, milk remains the time-honored source of calcium and phosphorus, so important in the development of sturdy bones. The daily requirement of these minerals is contained in approximately one quart of milk. When for some reason milk is avoided, leafy and rooty vegetables, especially turnip greens, will provide a good source of lime. At times it is best to supplement the diet with calcium salts, such as calcium lactate or dicalcium phosphate. The mother who has a goiter or who has lived in a so-called "goiterous area" should obtain medical consultation regarding her particular iodine requirements.

Vitamin A will be supplied in milk, cod liver oil, and vegetables containing green and yellow pigment. Vitamin B occurs in wheat germ (whole grain cereal), yeast, and to some extent in glandular organs, vegetables and milk. Vitamin C is readily found in citrus fruits, tomatoes, guavas and potatoes. Vitamin D occurs in egg yolk and oils, such as cod liver oil, obtained from certain fish livers. Supplemental amounts are now added to some brands of milk and other foods. It is important in the absorption of calcium and phosphorus from other foods, hence a deficiency during pregnancy predisposes to development of rickets, dental caries and dental malformations in the infant.

By way of summary, let it be said that the prospective mother should choose her diet, each day, with special regard for the nutritional needs of her infant as well as herself. She will then be doing what she can to bring her infant into the world well nourished and therefore well equipped to meet the hazards of the first months of its life. And she can do this, in most cases, if her diet contains, daily: meat or fish; a quart of milk (or its equivalent in cheese, butter or similar foods); fresh vegetables, including cabbage, greens, celery, lettuce (some of which are especially beneficial eaten raw or in salads); fresh raw fruits, particularly citrus; cereal (preferably whole-grain instead of polished or milled); and eggs, when taste or sensitivity does not make them undesirable.

★ NUTRITION IN NURSING PROGRAM

by RUTH E. METTINGER, R.N., *Director*
Bureau of Public Health Nursing

Nutrition is of great importance in any public health program, but under the pressure of war and changing patterns of living, it becomes a vital "must" to be considered. The public health nurse should have the basic knowledge of sound nutrition as it relates to each and every member of the families whom she supervises.

The public health nurse should have an understanding as to just what role food plays in maintaining physical health and promoting mental well being. She is expected to be able to assist the housewife in determining the value of foods for the health and happiness of the family and teach her how to plan meals economically and scientifically to meet the needs of body demands.

In this war picture we find special emphasis on foods and a real necessity for planning balanced meals amidst the restriction and rationing of foods, the scarcity of foods and the increased cost of foodstuffs which have heretofore been available in large quantities at a minimum cost.

A nutritious diet is essential for everyone, especially in the case of a wasting disease such as tuberculosis, where we give marked attention to the selection of food, as it is generally conceded that malnutrition predisposes one to infectious diseases. The more adequately nourished an individual is, the more likely that he will be able to combat disease. A prolonged course of illness depletes the body; therefore, a person suffering from a wasting disease should have a well rounded diet of high caloric value. Careful attention is paid to food that has not been eaten, as loss of appetite may be an indicated retrogression, as in the case of tuberculosis, or a real symptom of early disease in any other form. In the case of the tuberculous patient, we no longer "force feed" or "stuff" him in order to have him gain weight, for weight alone is not evidence of retrogression of disease, nor it is synonymous with improvement.

The public health nurse has a golden opportunity to advise the maternity case as to the importance of a well balanced diet inasmuch as nutrition affects the health of both

CONTINUED ON PAGE 15

★ BUY VITAMINS BY THE POUND

by VERA WALKER, *Nutrition Consultant*
Bureau of Maternal and Child Health

Vitamins, by that name, have existed only since 1911 when Cassimer Funk called a new substance he had just isolated from food, a "vita-amine." But vitamins un-named and unknown have lurked in food as long as there has been food.

Almost daily we hear someone remark that he is "taking vitamins." So did Adam. Man has taken vitamins as long as he has taken food. In fact, early man probably consumed more than we do—he ate more food. And the food he ate was richer in minerals and vitamins because it was less refined. Grandfather couldn't help taking iron and B-vitamins in his bread; Nature put them in the wheat, and Man had not yet learned to take them out—to make his cereal products white, and smooth, and tasteless.

The race had survived—more or less well—for countless generations, before a single vitamin had been discovered. And, although synthetic, purified vitamins have done a great deal of good for a great many people, there are many others who are spending money for purified vitamins who might better spend it on vitamins contaminated with food.

It is perfectly possible for the average, normal human being to be well-fed without adding vitamins, even under the restrictions of food rationing. To make it easier for us to select an adequate diet, Government food experts have devised a food selection guide which they call the 'Basic 7.' Foods are divided into seven groups, and we are to eat one or more foods from each group daily.

These are the groups in the Basic 7
(with implications for Florida):

I

Green and Yellow Vegetables—especially turnips, collards, and sweet potatoes. Why not raise your own?

II

Citrus Fruits, Tomatoes, and Raw Salad Greens—also guavas, cantaloupe, and sweet peppers in season.

III

Potatoes, and Other Fruits and Vegetables—a total of at *least* three servings of fruits and vegetables daily.

IV

Milk and Milk Products—including evaporated and dried skimmed milk, for adults as well as children.

V

Meat, Poultry, Fish, or Eggs, or Dried Beans, Peas, or Nuts: most of us would do well to increase our use of dried beans, peas, and peanuts (including peanut butter).

VI

Whole Grain or Enriched Cereals, Bread, and Flour.

VII

Butter or Fortified Margarine—with emphasis on the vitamine enriched margarine, with butter at its present point value.

There is a favorite cartoon in which one scientist says to another: "I've studied vitamins for years, and I've discovered that the three elements most vital to life are breakfast, dinner, and supper." Amen—if they are well chosen.

CONTINUED FROM PAGE 12

mother and infant. The nurse is able to instruct the mother through the prenatal period relative to her own body needs during pregnancy, and likewise able to build sound working relationships with that mother so that the chances are greater for the new baby to be started along lines of excellent feeding habits.

Here in Florida the nurse must always be on the alert for cases of hookworm disease. However, after discovering a case, getting it diagnosed and treated, the nurse's responsibility is still rather great as she must instruct the family as to the proper diet following hookworm treatment. Food and rest are the most important factors in getting a malnourished, anemic child back on the road to health after fighting a siege with the hookworm parasite.

The rural nurse will keep her eyes open for signs of pellagra and she will be well versed in the cure of the disease through proper nutritional foods. She will realize that the typical diet of the pellagra victim usually consists of fat meat, cornmeal and sweets; this diet is apt to induce other nutritional deficiencies as well. Niacin must be added to the diet toward a cure; however, a better food supply in general is equally important. The good public health nurse will teach her patients to add in adequate quantities—milk, liver, lean meats, fish, eggs, tomatoes and green leafy vegetables.

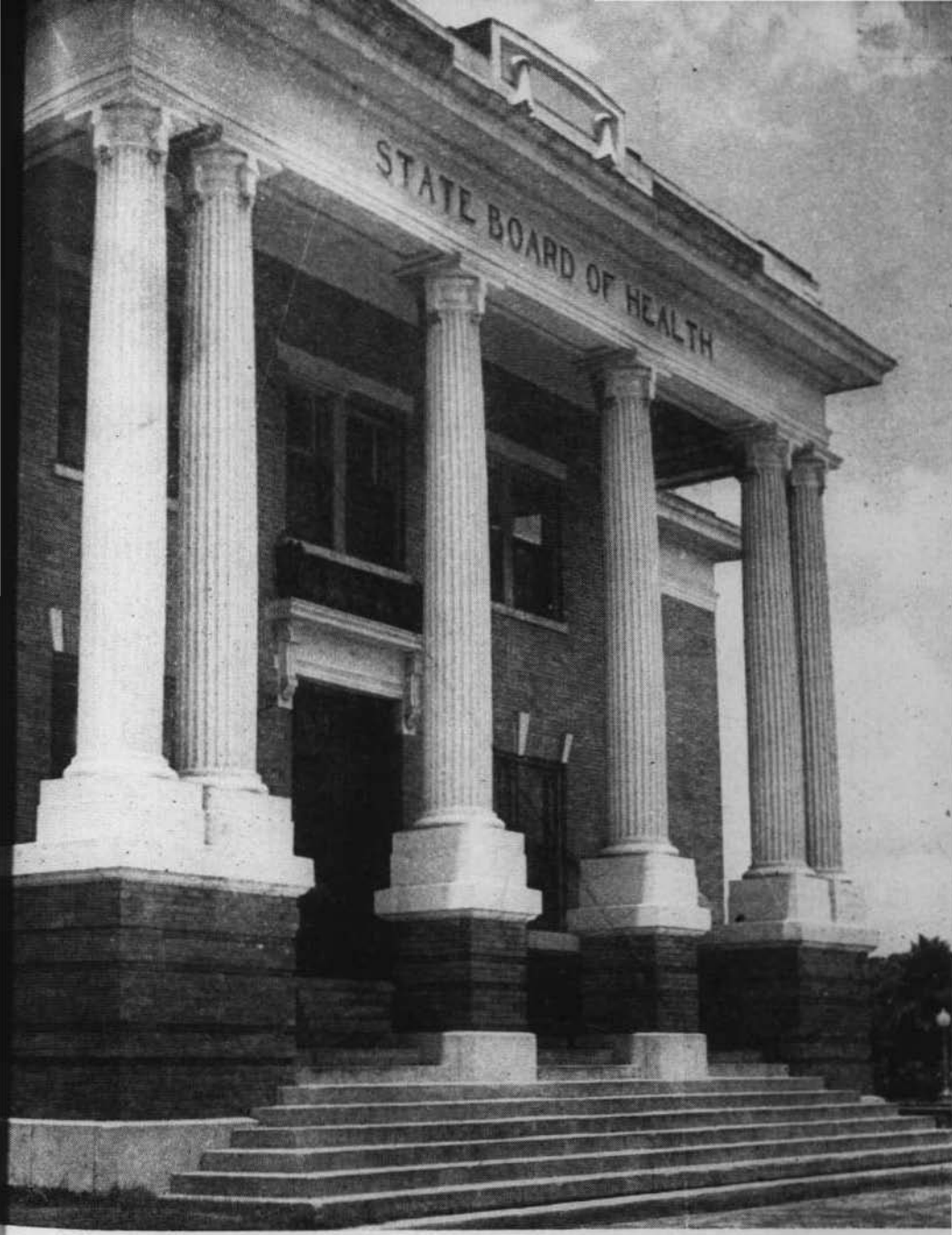
While a well balanced diet is necessary, it is most essential that the individual pay strict attention to the regularity of meals as his digestion may be frequently upset when undigested food is taken into the stomach where partially digested food has not been assimilated. Other inferences connected with nutrition are those of extreme fatigue and the emotional condition of a person; these hinder the secretion of gastric juices and their subsequent digestive function.

The nurse can do a great deal in stimulating her community and the rural teachers toward a program of hot, well balanced lunches for the school population. With many mothers participating in defense work, it seems all the more imperative that some program provide an adequate mid-day lunch for students in our schools.

CONTINUED ON BACK COVER

NUTRITION IN NURSING PROGRAM—CONTINUED FROM PAGE 15

The nurse must learn to suggest using those foodstuffs that the family has on hand and supplement with other foods which can be easily procured. She must discuss nutrition from the family level and build from there up. Visual aids are necessary to assist the nurse in getting her pertinent teaching points across to her families. The nurse can fortify her nutrition teaching and make it more meaningful if she will carry simple but attractive charts, graphs, colorful posters and easy-to-read bulletins on foods; all of these will help to emphasize and clarify those points relating to good, basic nutrition which the nurse stresses on her home visit.



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • FEBRUARY, 1944 • VOL. 36 • No. 2

Florida HEALTH NOTES

ESTABLISHED 18

ACCREDITED HEALTH UNITS

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.
Acting Director

Local Health Service
T. H. D. Griffitts, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller, Acting Director

Health Education
Elizabeth Fretwell

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
John A. Mulrennan, B.S.A.
Acting Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
W. V. King, Ph.D.
Orlando
U. S. Bureau Entomology

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

VENEREAL DISEASE CONTROL IN FLORIDA

1944

By

R. F. SONDAG, SURGEON (R) U.S.P.H..S
Division of Venereal Disease Control

REHABILITATION PROGRAM — Hospital No. 2, Ocala

Very few girls, when assigned to the sewing room for rehabilitation training at the Quarantine Hospital, Ocala, are on speaking terms with the simplest rules of sewing. Under a professional seamstress, however, most of them finish their detail with a workable understanding of cutting, sewing and the use of a sewing machine.

Photo courtesy *Tampa Tribune*

Note: All pictures of patients in this publication have been altered to disguise identity.

VENEREAL DISEASE CONTROL IN FLORIDA 1944

by R. F. SONDAG, Surgeon, (R) U.S.P.H.S.
Director, Division of Venereal Disease Control

Each year the February issue of Health Notes is devoted entirely to the activities of the Division of Venereal Disease Control, and appropriately so, since Social Hygiene Day is also observed during this month. In past years, annual Social Hygiene Day has been observed on a larger scale each year, and in past February issues of Health Notes, the activities of the Division of Venereal Disease Control have become more and more voluminous, due to the enormous increase in problems presented to the Division. It is the purpose of this issue to acquaint the reader with the activities carried on by the Division of Venereal Disease Control, to present correct information concerning the incidence and prevalence of venereal diseases in Florida, and to keep alive the interest and cooperation of every citizen in Florida in the fight to eradicate venereal diseases from this State.

The morale and fighting efficiency of this Nation, including the State of Florida, are greatly dependent upon the physical and mental well-being of both its civilian and its military population. Since the onset of mobilization, each year has been a busy one for the Division of Venereal Disease Control, due to the normal problems which have been with us for years, plus the problems caused by the war-swollen population of service-men in training bases, their families, and their friends. Considerable emphasis has been placed on checking the spread of contagious diseases, particularly syphilis and gonorrhea; however, our paramount health problem continues to be venereal diseases.

In this issue of Health Notes a year ago, numerous charts, graphs, and tables were presented showing the marked increase of syphilis and gonorrhea not only in the State of Florida, but also for the country as a whole. The results of the blood tests for syphilis secured from the first 1,895,778 selectees, (white and negro men of known residence, aged 21 to 35 inclusive), examined for army service through August 31st, 1941, provided an excellent cross section and the first truly accurate figures on the prevalence of syphilis in the United States. These figures revealed that Florida led the Nation with a syphilis rate of 405.9 per 1,000 negro men examined, was third with a rate of

53.3 for white men examined and second with a combined rate of 158.6 per 1,000 men examined. These figures were startling and disclosed the high incidence of syphilis among the negro population. The fact that the prevalence of syphilis in the negro population is eight times that of the white population causes a great many individuals to place the entire blame on the negro race for Florida's unenviable standing among the States. The prevalence of syphilis in the white race is also high and should be considered with the same degree of solemnity as is the negro rate. Syphilis has been called primarily a disease of large cities, seaports, and industrial areas. A further evaluation of the selectee figures divulges the fact that the urban rate of the men examined was 46 per 1,000 while the rural rate was 44 per 1,000. The largest cities in the United States had rates of less than 25 per 1,000; whereas, the rate for the Nation as a whole was 45 per 1,000 men examined. The rate for the white men of the country as a whole was 23 per 1,000; whereas, the rate for the negro men was 272 per 1,000. These data do not leave much room for argument and clearly indicate that although a great deal of emphasis must be directed toward the negro rate, one can not overlook the equally important high rate in the white population in Florida.

TABLE 1.—RATES* PER THOUSAND ON SELECTEES TESTED IN FLORIDA THRU DEC. 1942 AND THRU DEC. 1943 BY COLOR.

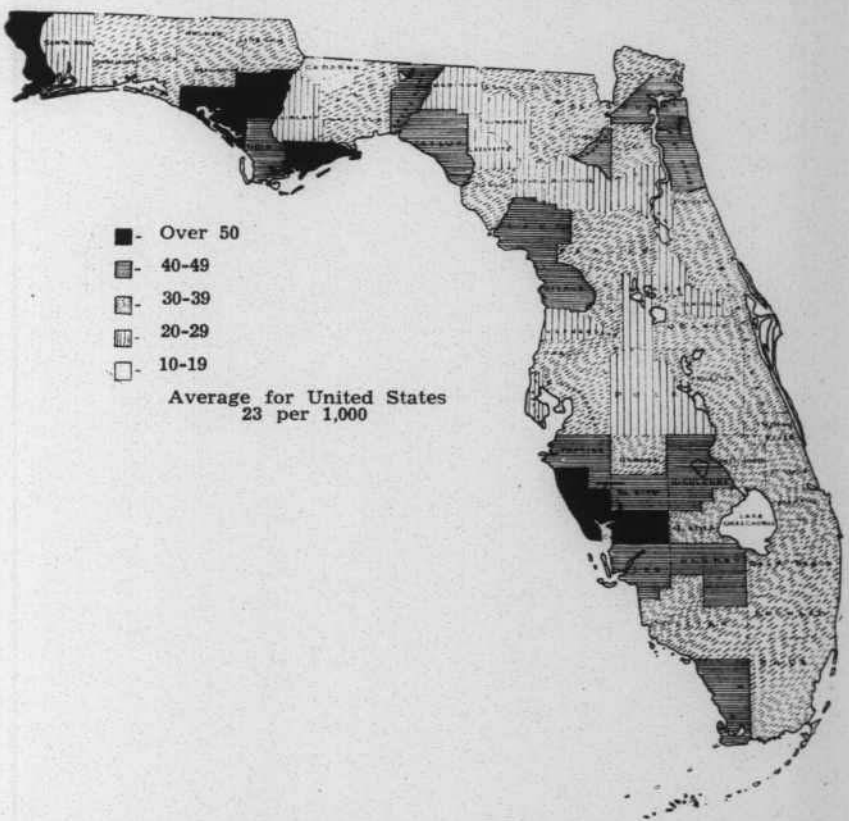
Year	Total Examined	Number Positive	Negro Rate	White Rate	Total Rate
Thru 12-42	180,279	27,267	303.8	31.3	151.2
12-43	292,157	40,810	287.1	36.7	139.7

*Rates Not Corrected for age, color or residence.

The number of selectees of all ages examined in the State of Florida with positive serologic blood tests through December 1942 and 1943 is shown in *Table 1.* It must be remembered that the figures presented in this table represent selectees of all ages examined for Army service, and no comparison to the rates previously quoted can be made, since the former have been corrected for race, age, and residence. It is significant to note, however, that in this table, over a period of one year, the negro rate has been lowered; whereas, the white rate has been slightly elevated. The factors responsible for this change in rates may be any one of the following: older group of men examined; proportionately more white than colored men tested; marital status;

economic status; and residence (urban or rural). The prevalence of syphilis for selectees tested in Florida through November 1943 for white, colored, and combined rates per 1,000 by counties is shown in *Maps 1, 2, and 3.* The figures projected on these maps in the form of rates per 1,000 for white and colored still appear as a rather dark picture for the State as a whole. Since most

MAP 1. SYPHILIS RATES PER 1,000 OF ALL WHITE SELECTEES TESTED IN FLORIDA, BY COUNTY, THROUGH NOVEMBER 1943



officials and citizens have become rate conscious as a result of the enormous venereal disease problem in this State, each county can readily ascertain its standing by reviewing these maps. Those who deal with the problem are always anxious to know their relative position in regard to other counties, cities, or communities, and the slightest downward trend is looked upon as a real accomplishment.

MAP 2. SYPHILIS RATES PER 1,000 OF ALL COLORED SELECTEES TESTED IN FLORIDA, BY COUNTY, THROUGH NOVEMBER 1943

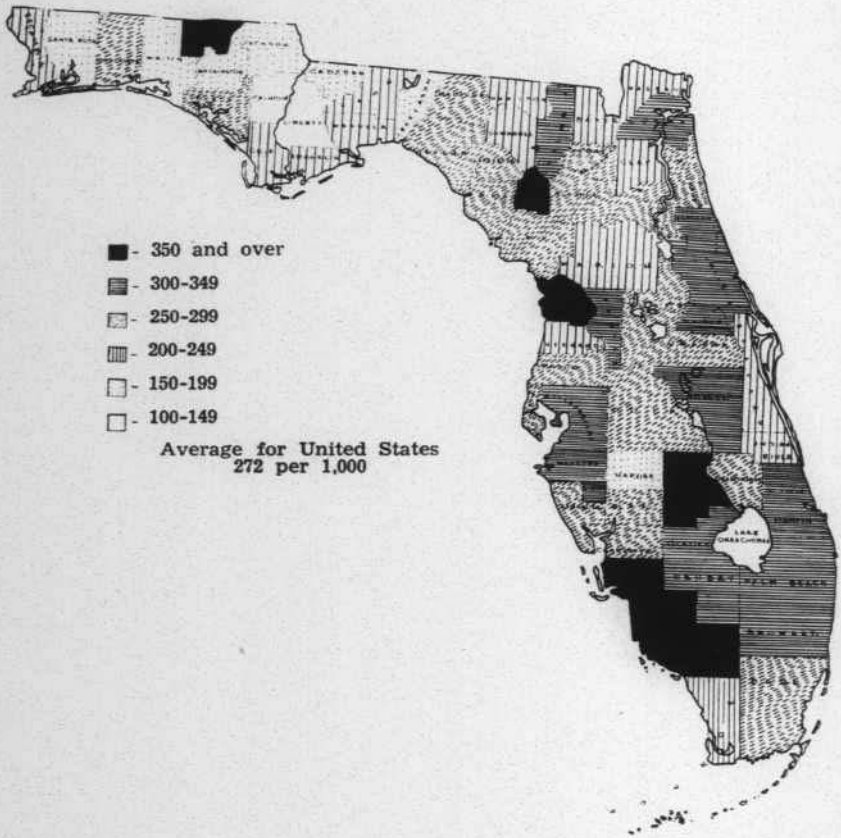


TABLE 2.—SEROLOGIC TESTS FOR SYPHILIS AND MICROSCOPIC EXAMINATIONS FOR GONORRHEA—FLORIDA STATE LABORATORIES—1934 TO 1943.

Year	Syphilis	Gonorrhea	Year	Syphilis	Gonorrhea
1934	131,657	17,340	1939	288,241	31,958
1935	136,558	20,450	1940	449,256	35,767
1936	145,928	25,376	1941	908,360	43,591
1937	193,249	28,231	1942	1,239,399	58,936
1838	242,704	28,720	1943	948,299	89,249

MAP 3. SYPHILIS RATES PER 1,000 OF ALL SELECTEES TESTED IN FLORIDA, BY COUNTY, THROUGH NOVEMBER 1943

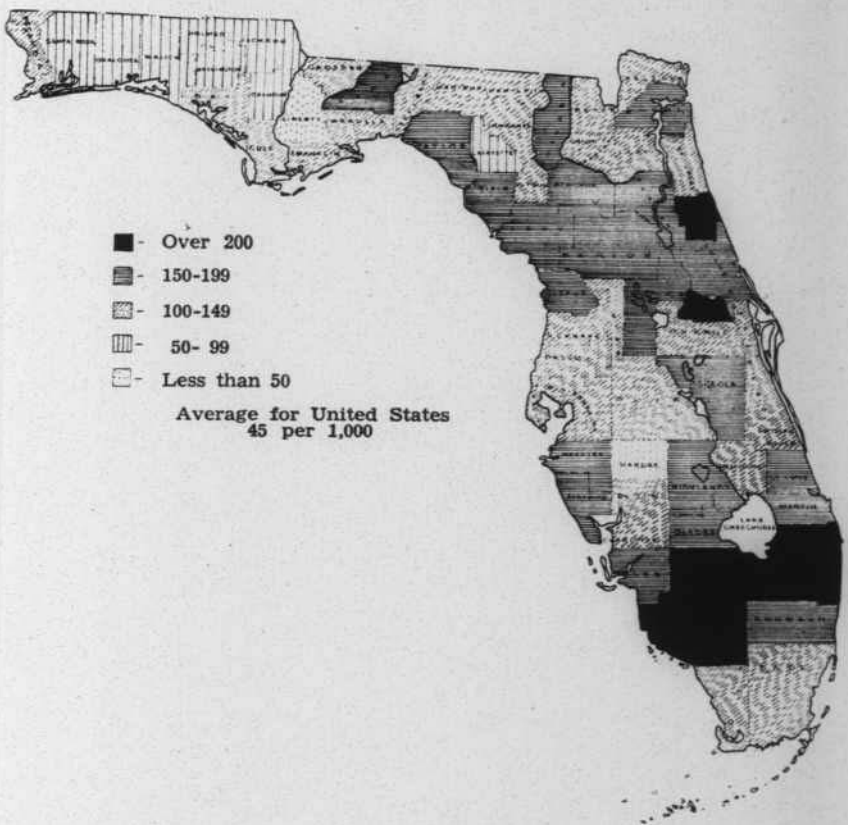
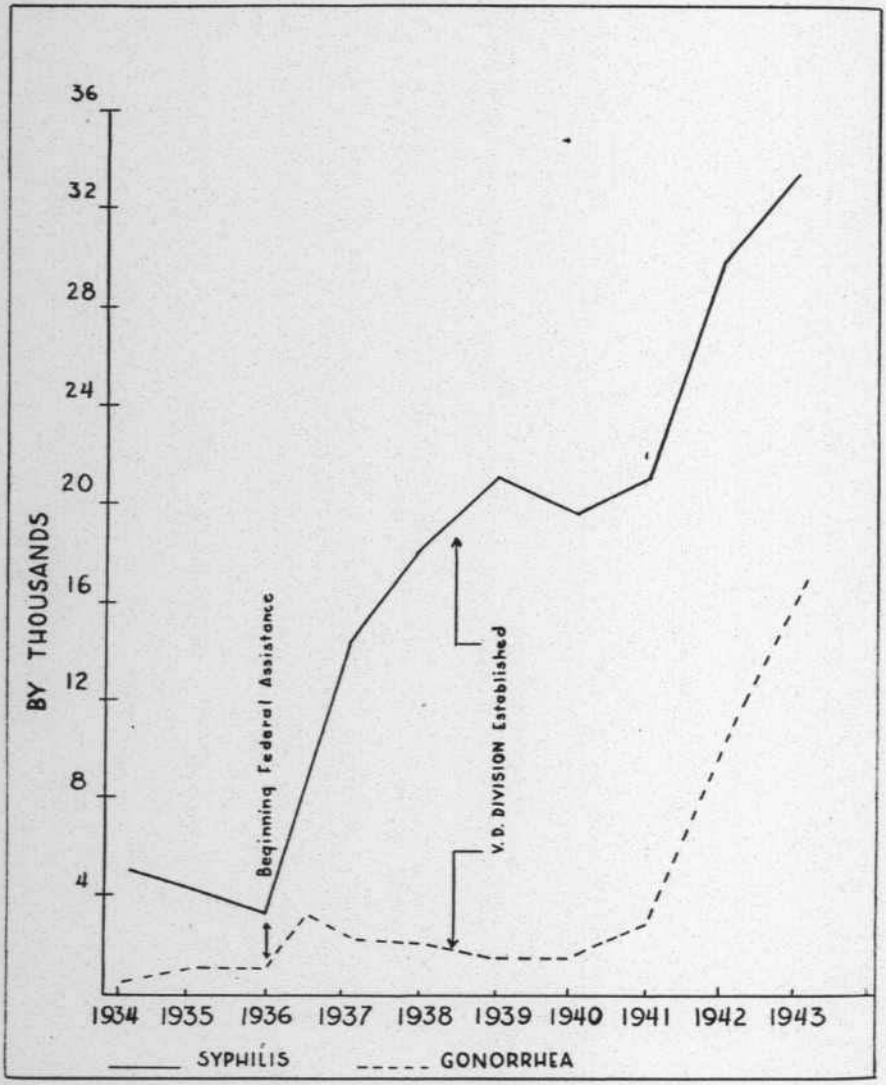


TABLE 3.—NUMBER OF NEW CASES OF SYPHILIS AND GONORRHEA REPORTED IN FLORIDA FROM 1934 TO 1943.

Year	Syphilis	Gonorrhea	Year	Syphilis	Gonorrhea
1834	5,198	702	1939	21,092	1,650
1935	4,389	1,207	1940	19,889	1,870
1936	3,287	1,146	1941	21,258	3,084
1937	14,532	2,411	1942	30,104	10,174
1938	18,243	2,092	1943	33,601	16,957

GRAPH 1. NUMBER OF NEW CASES OF SYPHILIS AND GONORRHEA REPORTED IN FLORIDA FOM 1934 TO 1943



CASE FINDING PROGRAM

The number of selectees found with positive serologic tests continues to be an excellent source for locating undiscovered cases of syphilis. During the year, however, the armed forces discontinued their policy of rejecting all cases of venereal diseases and now a small percentage of selectees with syphilis is accepted each month for induction on a limited duty status until they have received sufficient treatment to render them non-infectious or cured. This change in policy has reduced the number of serological examinations performed by the State Laboratories during 1943 (see *Table 2*) because a large number of repeat serological tests were thereby eliminated. During the year the policy of subjecting each blood specimen to several serological tests was also discontinued thereby reducing the total number of serological tests performed in 1943 as compared to 1942. Nevertheless a large number of these selectees thus discovered were rejected for other physical reasons and reported to clinics throughout the State for treatment. The cases of syphilis uncovered by means of Selective Service examinations have not, however, been the only source for finding new cases of syphilis. Further reference to *Table 1* shows that over a period of one year, more than 13,000 cases of syphilis were discovered by means of Selective Service examinations; whereas, a glance at *Table 3* and *Graph 1* shows over 33,000 new cases of syphilis reported in the State. Therefore, approximately 20,000 cases from the "well" of unknown syphilis reported for treatment in the various clinics established in the State. An aroused public, aware of the serious venereal disease problem, blood tests required of all "health card" applicants, and the epidemiological activities of thirty-four follow-up case workers have aided in discovering new cases reporting for treatment in 1943, with a slight increase over the number reporting in 1942. The number of cases of syphilis reported in Florida by year since 1918 is shown in *Graph 2*. The steep incline of cases reported after the inauguration of the national program in 1936 and the beginning of the allocation of Federal funds to the States is immediately apparent. One will note too that during this period of time approximately 230,000 cases of syphilis have been reported in the State of Florida, equivalent to one-fourth of the present population. These are rather clear, forceful facts and should serve to re-emphasize the importance of continuing the case finding program until every case of syphilis has been discovered and brought under treatment.

GRAPH 2. NUMBER OF CASES OF SYPHILIS REPORTED IN FLORIDA BY YEAR 1918-1943
(CUMULATIVE CURVE)

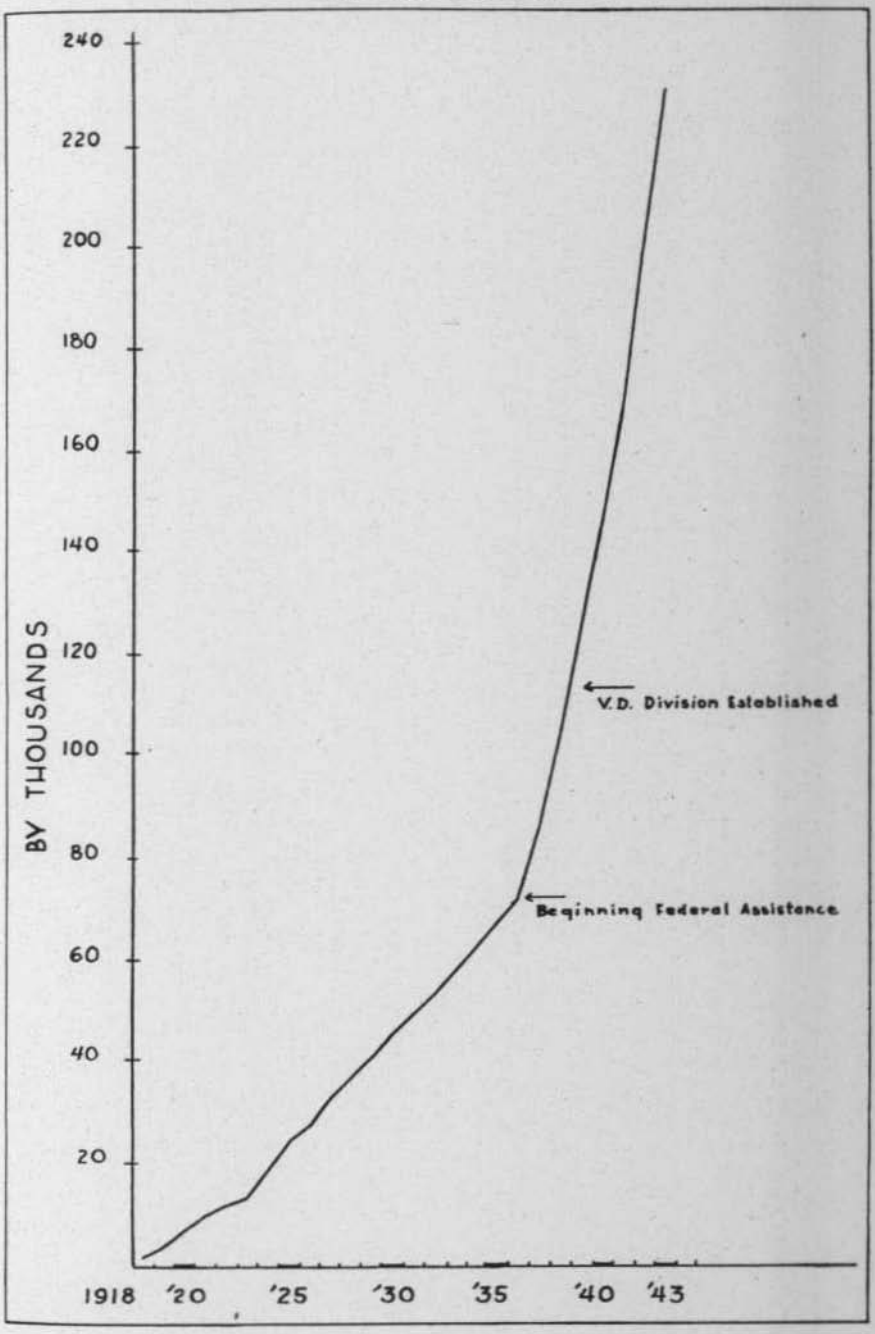


TABLE 4.—NUMBER OF CASES OF SYPHILIS AND GONORRHEA BY COUNTY REPORTED IN 1943

County	No. Cases (Syp.)	No. Cases (Gon.)	County	No. Cases (Syp.)	No. Cases (Gon.)
Alachua	784	118	Levy	152	62
Baker	45	10	Liberty	7	1
Bay	553	422	Madison	476	38
Bradford	199	86	Manatee	218	187
Brevard	419	91	Marion	1026	77
Broward	742	231	Martin	95	8
Calhoun	48	5	Monroe	308	171
Charlotte	65	33	Nassau	201	126
Citrus	170	11	Okaloosa	171	248
Clay	108	48	Okeechobee	72	0
Collier	35	14	Orange	850	846
Columbia	714	24	Osceola	113	9
Dade	4459	1349	Palm Beach	1274	335
DeSoto	166	47	Pasco	175	4
Dixie	215	0	Pinellas	927	596
Duval	6214	3032	Polk	1135	245
Escambia	792	1127	Putnam	320	39
Flagler	94	8	St. Johns	213	36
Franklin	117	158	St. Lucie	339	105
Gadsden	299	40	Santa Rosa	55	18
Gilchrist	4	1	Sarasota	181	46
Glades	18	8	Seminole	589	210
Gulf	143	13	Sumter	190	165
Hamilton	3	0	Suwannee	377	10
Hardee	36	5	Taylor	127	58
Hendry	181	57	Union	20	1
Hernando	142	2	Volusia	660	260
Highlands	299	260	Wakulla	111	290
Hillsborough	2920	1430	Walton	46	45
Holmes	51	0	Washington	141	22
Indian River	279	16	State Hospital	183	1
Jackson	211	133	Camp Blanding	316	1875
Jefferson	201	64	Naval Air Station. Jax.	36	503
Lafayette	14	0	Out of State	61	32
Lake	380	95	Gov. Hospital	69	2
Lee	286	39	Fla. T.B. Sanat.	2	1
Leon	450	687	Quar. Hospitals	271	616
			State Prison	238	5
			TOTAL	33601	16957

TABLE 5.—NEW CASES OF CHANCROID, GRANULOMA INGUINALE, LYMPHOPATHIA VENEREUM AND OPHTHALMIA NEONATORUM REPORTED IN 1942 AND 1943

Disease	1942	1943
Chancroid	453	844
Granuloma Inguinale	135	251
Lymphopathia Venereum	124	254
Ophthalmia Neonatorum	19	23

TABLE 6.—DISTRIBUTION OF DRUGS AS TO SOURCES AND KIND FURNISHED BY THE DIVISION FOR 1942-1943.

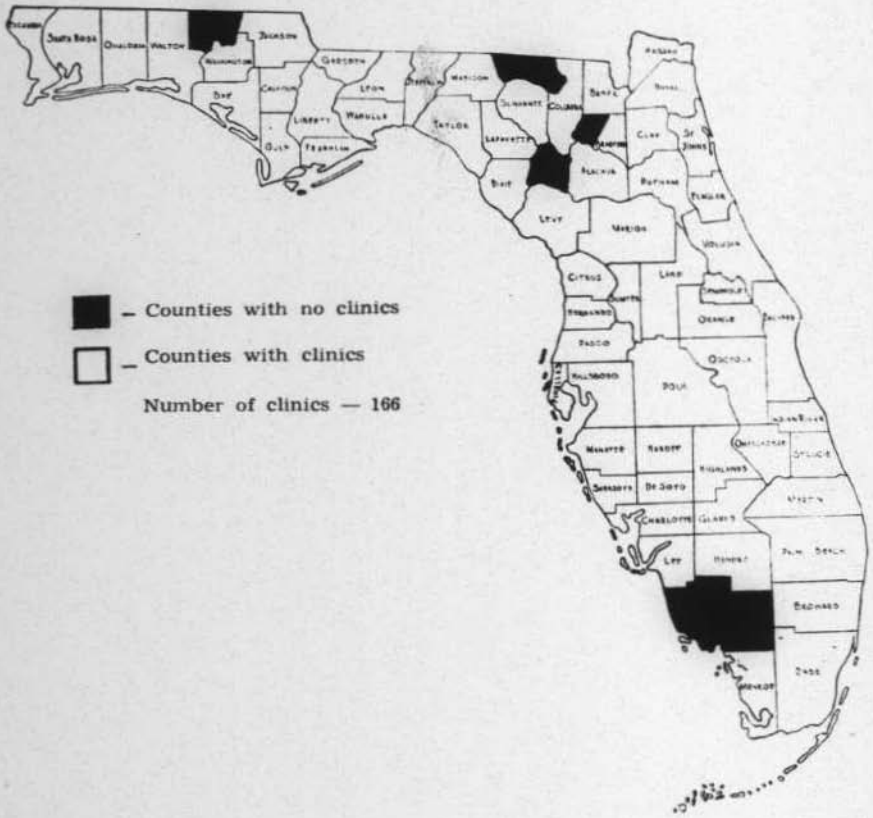
Drugs	Distributed to Private Physicians		Distributed to Clinics, Hospitpitals & Others		Total Distributed	
	1942	1943	1942	1943	1942	1943
Mapharsen (In doses)	33,920	54,877	336,310	536,510	370,230	591,387
Neoarsphenamine (In Doses)	19,122	9,492	27,080	31,000	46,202	40,492
Sulfarsphenamine (In Doses)	365	370	1,760	3,640	2,125	4,010
Tryparsamide (In Doses)	150	500	5,700	9,190	5,850	9,690
Bismuth (In cc)	57,150	77,260	546,120	743,430	603,270	820,690
Sulfathiazole (In grms)	3,300	21,500	539,700	588,000	543,000	609,500
Distilled Water (In cc)	553,600	552,200	2,181,500	3,083,300	2,735,100	3,635,500

TREATMENT PROGRAM

Treatment facilities in 1943 for the care of venereal disease cases, remained on a par with 1942, with some improvement. Since the Division's report a year ago, Citrus, Hernando, and Okeechobee Counties have established clinics in cooperation with the State Board of Health (see *Map 4*). No funds are provided in Lafayette County; however, clinic facilities are available in some areas. Gilchrist County discontinued financial assistance during the year and no longer has clinics in operation. Union, Hamilton, and Collier Counties are without clinic facilities. Map 4 shows Holmes County having no clinic; however, funds have been provided and a health department established at the beginning of this year (1944). Collier County appropriated funds for clinics; however, we were unable to secure the services of a physician and nurse; therefore, no clinics were established. Many other counties expressed the desire to expand their clinical

facilities, but the expansion of the venereal disease program has been seriously handicapped by the shortage of physicians, nurses, and clinic equipment. In spite of this fact though, many improvements were noted throughout the year, and the program to eradicate venereal diseases from this State did not suffer. The drive must continue onward in a relentless manner until all cases

MAP 4. NUMBER OF CLINICS IN STATE



of syphilis have been not only reported, but also rendered noninfectious. The advent of this day will classify syphilis in the category of a rare disease. Thirteen additional clinics were established during the year (*Total now 166, see Map 4*) to further implement the control of venereal diseases by instituting competent medical care as soon as diagnosis is made. The large number of cases of venereal diseases reporting for treatment in

the clinics provided for that purpose shows the extent to which the public has been aroused in securing scientific treatment. *Table 3* and *Graph 1* show a marked increase in syphilis and gonorrhea for the past ten years; *Table 4* shows the number of cases of gonorrhea and syphilis reported in each county for the year, and *Table 5* shows the increase in the other venereal diseases in 1943 as compared to 1942. That real progress has been made in the control of syphilis in this State is further exemplified by the fact that in 1941 out of 21,258 cases of syphilis only 19% were reported as early infectious cases, in 1942 out of 30,104 cases of syphilis 33% were diagnosed as early infectious cases, and in 1943 out of 33,610 cases of syphilis 40% were diagnosed as early infectious cases. This further illustrates, too, the impact of the venereal disease control program on the general population, in that more and more people have presented themselves to either a clinic or private physician during the early stages of their disease, and have faced the problem rather than concealed the disease or taken treatment from disreputable sources.

Not all cases of venereal diseases report to public clinics however, since these facilities have been provided for those who find it inconvenient to take their treatments from private physicians. Equally important in the control of venereal diseases is the part played by private physicians. The cooperation received from the Venereal Disease Control Committee of the Florida State Medical Association, the component medical societies, and the individual physicians themselves throughout 1943 was outstanding. The Division is most grateful for the help and assistance received by those unselfish physicians, who so willingly labored as clinicians in the venereal disease clinics, and to all physicians who have cooperated with the Division in some manner. During the year, the services of our lay investigators were placed at the disposal of the private physicians, so that they too could have delinquent patients returned to their office for completion of treatment. The response to this service was overwhelming, and if used continually, will enable the private physician to give at least the minimum amount of treatment and thereby prevent the later devastating complications of syphilis, the manifestations of which will become apparent, if treatment is neglected. The extent to which the private physician has cooperated in the treatment of venereal diseases is indicated in *Table 6*, which shows the amount of drugs used in 1943 as compared to 1942. One can readily see the marked increase

in the amount of free drugs distributed, not only to private physicians, but to clinics, hospitals, and other sources. Sufficient free drugs were distributed to treat 30,475 new cases of gonorrhea and to administer 1,192,705 treatments for syphilis. A further analysis of *Graph 1* and *Tables 3 and 4* show that only 16,957 cases of gonorrhea were reported for the year; yet it is stated above that sufficient drugs were distributed to treat 30,475 new cases. One might ask then, "Why the discrepancy?" The probable answer is that most cases of gonorrhea receive more than one course of treatment. One must also consider the fact that not all cases of gonorrhea are reported, although they do receive treatment. The reporting of gonorrhea has lagged far behind that of syphilis, but here too, marked improvement has been made. *Table 3* and *Graph 1* show that in 1941 only 3,084 cases of gonorrhea were reported as compared to 16,957 in 1943. These figures indicate striking progress, but in view of the fact that gonorrhea is considered three to five times more prevalent than syphilis, one can immediately calculate the number of cases that occur, but go unreported.

TABLE 7.—AGE DISTRIBUTION BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA

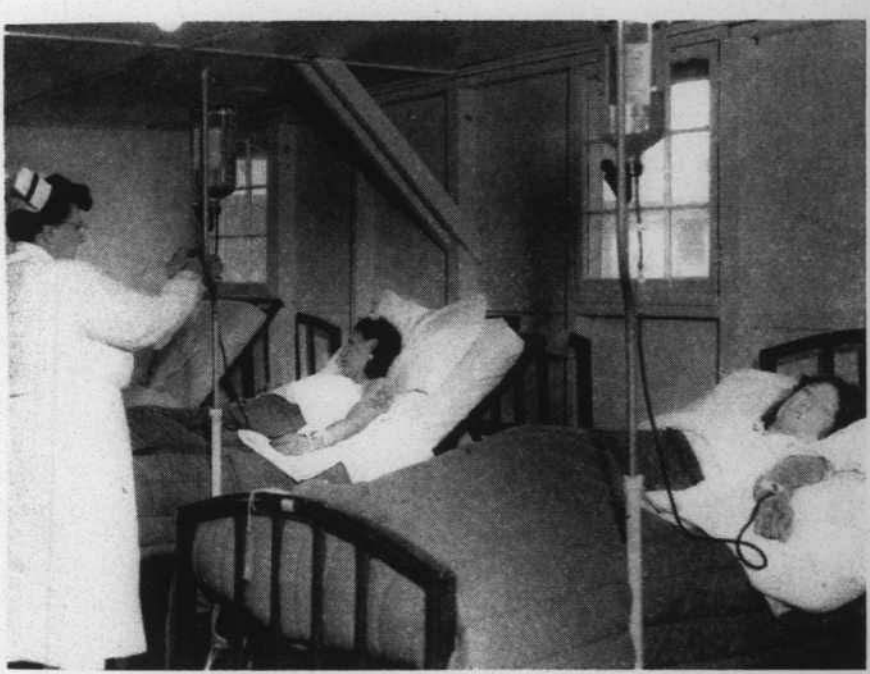
Age Group	White	Colored	Total
0-9	0	0	0
10-14	11	10	21
15-19	271	156	427
20-24	249	128	377
25-29	99	36	135
30-34	38	17	55
35	40	22	62
All ages	708	369	1077

TABLE 8.—MARITAL STATUS BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA

Status	White	Colored	Total
Single	185	170	355
Married	226	90	316
Separated	173	84	257
Divorced	99	11	110
Widowed	22	13	35
Unknown	3	1	4
Total	708	369	1077

RAPID TREATMENT CENTERS

(QUARANTINE HOSPITALS)



Hospitalization of infectious cases of gonorrhea and syphilis, especially as it pertains to prostitutes, infected delinquent women and sources mentioned by infected enlisted men has been provided for by the establishment of State Board of Health Hospitals designated as Rapid Treatment Centers. During the year 1942, an application was submitted to the Federal Works Agency for funds to maintain and operate these treatment centers, but the funds were not received until January 1943. It was then necessary to renovate and equip the CCC camps at Ocala and Wakulla which had been provided for that purpose. The selection of personnel was a tremendous task, but in spite of

*5 Day Drip Treatment—Hospital No. 2, Ocala. Photo courtesy *Tampa Tribune*.

all the difficulties, the quarantine hospitals, or rapid treatment centers, were opened during March and have expanded considerably during nine months of operation. Prior to the opening of these treatment facilities, jails throughout the State were reportedly overcrowded and officials petitioned the opening of these hospitals. Although this condition existed those connected with commercial vice and the amateur promiscuous women were not promptly admitted to these institutions. These hospitals were established for the specific purpose of quarantine and treatment of persons infected with venereal diseases and it was necessary to take most drastic steps to protect the military personnel and reduce the number of manpower days lost from venereal diseases to an absolute minimum. Florida's laws against prostitution, as provided in the State statutes, were found inadequate and thus seriously impeded the admittance of those infected with syphilis and gonorrhea. During the first two months of operation, therefore, relatively few patients were admitted, which was an advantage, as it allowed the Division and the personnel in the hospitals to become orientated in this new endeavor. During this interim, the State Legislature was in session and the enactment of laws to effectively deal with prostitution and venereal disease control was strongly recommended by public health committees, the Army, Navy, and U. S. Public Health Service, as well as other interested organizations. This receptive and alert Legislature provided the necessary laws whereby Army, Navy, civilian and health authorities could cope with the modern methods of carrying on an age-old profession and deal a smashing blow to the diseases which are rotting our communities, and sapping the vitality of our men in uniform. Soon after the enactment of these laws the flow of infected women into the quarantine hospitals was accelerated and in a relatively short time, the hospitals were filled to capacity. The trials and tribulations connected with the maintenance and operation of these hospitals is insignificant compared to the benefits derived in curbing the rising incidence of syphilis and gonorrhea.

During the first nine months of operation (March through December inclusive) a total of 1,077 patients were released from the quarantine hospitals at Wakulla and Ocala of whom 708 were white (65.7%) and 369 colored (34.3%) (*Table 7*).

This table shows that 448 patients (41.5%) were below the age of nineteen and 825 patients (76.6%) were below the age of twenty-four. One hears much discussion these days re-

garding juvenile delinquency and perhaps the tables presented here will enlighten those who believe that all this disease is coming from the professional prostitute. It can be definitely stated that comparatively few professional prostitutes were admitted to the quarantine hospitals. This does not mean that the professional prostitute has been completely eliminated, but certainly her activities have been obscured by the amateur, who, through misguided patriotism, has become promiscuous and subsequently infected with syphilis or gonorrhea, or both.

TABLE 9.—AGE AT FIRST SEX EXPERIENCE, BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA

Age	White	Colored	Total
—9	1	0	1
10	1	3	4
11	6	3	9
12	10	10	20
13	30	34	64
14	60	42	102
15	63	46	109
16	89	34	123
17	46	12	58
18	51	12	63
19	22	3	25
20	10	0	10
20 +	11	0	11
Unknown*	308	170	478

*Not asked.

TABLE 10.—LAST SCHOOL GRADE COMPLETED BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA

Grade	White	Colored	Total
None	5	11	16
First	5	1	6
Second	13	5	18
Third	10	11	21
Fourth	28	18	46
Fifth	30	38	68
Sixth	47	40	87
Seventh	81	33	114
Eighth	114	46	160
Ninth	74	50	124
Tenth	66	29	95
Eleventh	49	21	70
Twelfth	71	17	88
College 1 year	7	2	9
College 2 years	6	1	7
College 3 years	1	0	1
College 4 years	2	0	2
*Unknown	99	46	145

*Not asked.

Table 8 shows that 355 patients (33%) were single and 683 patients (63.4%) were either married or had been married. *Table 9* shows the age at which mothers and women of the future first gain their sexual experience. In this table 478

are classified as unknown. Actually this information was not asked of these 478 girls, since the questionnaire from which this information is compiled was not conceived until some months after the hospitals had opened. Subsequent tables also have this classification. The information on sex experience, however, was obtained from sixty per cent of this total and reveals the fact that of 309 girls, 28.6% had sexual experiences before they attained the age of sixteen years, and 578 girls (53.4%) before the age of twenty. *Table 10* gives the data on the last school grade completed by these patients. It is the prevailing thought that this problem of infected delinquent girls is due almost entirely to the influx of transients. In *Table 11*, we see that 41.7% of the girls were born in Florida; 18.2% in Georgia and 10.9% in Alabama. When we consider the place of residence, it is noted that 802 girls (74.4%) gave Florida as their place of residence. Although no efforts were made to definitely confirm this question, residency in Florida was not considered unless the individual had lived here more than one year. It is of interest to note that girls were admitted from every State in the Union, except fifteen. *Table 12* presents the number of patients admitted from each county. The fact that some counties have contributed a large number of patients does not mean that the problem of delinquent, infected women is greater in these counties, but merely that these more populous counties have taken advantage of the facilities placed at their disposal. Duval, Leon, and Escambia Counties have contributed the largest number of patients with Bay, Hillsborough, Orange, and Pinellas Counties next. In *Table 13* will be found the number of girls infected by the five venereal diseases, with a breakdown of the various diagnoses made on syphilis; whereas, *Table 14* shows the predominant infections found in these girls. It will be noted that 140 of these girls fall under the classification of no venereal disease. Of this number 14 girls escaped before diagnosis was established. The remainder of this group represents promiscuous girls who were admitted to the hospitals from counties where diagnostic facilities were not available.

It is interesting to note that 28% of the total patients had a combination of venereal diseases, 0.6% had granuloma, lymphogranuloma, or chancroid alone; 16% had syphilis alone, and 42% had gonorrhea alone, which further emphasizes the statement made earlier in this report that gonorrhea is considered more widespread than syphilis. The reason for this discrepancy is the fact that there is no known test for gonorrha comparable to the blood test for syphilis. Many individuals with

TABLE 11.—BIRTHPLACE AND RESIDENCE BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA

State	White		Colored		Total		State	White		Colored		Total	
	Birth-place	Resi-dence	Birth-place	Resi-dence	Birth-place	Resi-dence		Birth-place	Resi-dence	Birth-place	Resi-dence	Birth-place	Resi-dence
Alabama	92	42	26	4	118	46	Nebraska	2	0	0	0	2	0
Arizona	1	0	0	0	1	0	Nevada	0	0	0	0	0	0
Arkansas	5	1	0	0	5	1	N. Hamp.	0	0	0	0	0	0
California	6	5	0	0	6	5	N. Jersey	1	1	2	1	3	2
Colorado	1	2	0	0	1	2	N. Mex.	0	1	0	0	0	1
Conn.	3	5	1	0	4	5	New York	15	11	3	1	18	12
Delaware	0	0	0	0	0	0	N. Car.	16	8	8	0	24	8
D. of Co.	3	1	1	0	4	1	N. Dak.	0	0	0	0	0	0
Florida	255	448	195	354	450	802	Ohio	19	12	0	0	19	12
Georgia	97	44	100	4	197	48	Okla.	5	2	0	0	5	2
Idaho	0	0	0	0	0	0	Oregon	0	0	0	0	0	0
Illinois	8	7	0	0	8	7	Penn.	12	3	1	0	13	3
Indiana	14	13	0	0	14	13	Rhode I.	2	0	0	0	2	0
Iowa	2	2	0	0	2	2	So. Car.	16	8	19	2	35	10
Kansas	4	1	0	0	4	1	S. Dak.	0	0	0	0	0	0
Kentucky	8	10	1	0	9	10	Tenn.	27	18	1	2	28	20
La.	5	5	1	0	6	5	Texas	11	9	1	0	12	9
Maine	2	1	0	0	2	1	Utah	1	0	0	0	1	0
Maryland	2	5	0	0	2	5	Vermont	0	0	0	0	0	0
Mass.	5	3	0	0	5	3	Virginia	5	10	1	0	6	10
Michigan	16	13	0	0	16	13	Wash.	0	0	0	0	0	0
Minn.	4	2	0	0	4	2	W. Va.	14	2	0	16	16	6
Miss.	11	4	5	1	16	5	Wis.	1	2	0	0	1	2
Missouri	4	2	0	0	4	2	Wyoming	1	0	0	0	1	0
Montana	0	0	0	0	0	0	Out. U.S.	6	0	0	0	6	1
							Unknown	6	1	1	0	7	1

TABLE 12.—COMMITTING COUNTIES BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA

County	White	Colored	Total	County	White	Colored	Total
Unknown	0	0	0	Okaloosa	11	1	12
Alachua	1	1	2	Orange	29	34	63
Baker	0	0	0	Osceola	0	0	0
Bay	36	0	36	Palm Beach	3	11	14
Bradford	27	0	27	Pasco	1	0	1
Brevard	2	8	10	Pinellas	25	19	44
Broward	0	0	0	Polk	5	3	8
Calhoun	0	0	0	Putnam	2	1	3
Citrus	0	0	0	St. Johns	10	4	14
Clay	3	0	3	St. Lucie	4	6	10
Columbia	8	5	13	Santa Rosa	4	0	4
Dade	13	0	13	Seminole	20	8	28
DeSoto	1	1	2	Sumter	3	1	4
Duval	165	105	270	Suwannee	0	0	0
Escambia	101	20	121	Taylor	6	2	8
Franklin	2	0	2	Volusia	8	5	13
Gadsden	5	2	7	Wakulla	1	0	1
Hamilton	0	0	0	Walton	3	1	4
Hernando	0	1	1	Washington	0	0	0
Hillsboro	41	26	67	Flagler	0	5	5
Holmes	2	0	2	Okeechobee	0	0	0
Jackson	16	3	19	Charlotte	2	2	4
Jefferson	1	0	1	Dixie	3	1	4
Lafayette	0	0	0	Glades	0	0	0
Lake	6	0	6	Hardee	5	0	5
Lee	17	11	28	Highlands	6	0	6
Leon	61	42	103	Sarasota	11	15	26
Levy	1	1	2	Union	0	0	0
Liberty	0	0	0	Collier	0	0	0
Madison	1	0	1	Hendry	1	0	1
Manatee	9	6	15	Gilchrist	0	0	0
Marion	23	14	37	Gulf	3	1	4
Monroe	0	0	0	Indian River	0	3	3
Nassau	0	0	0	Martin	0	0	0

TABLE 13.—DISEASE AND DIAGNOSIS, BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA.

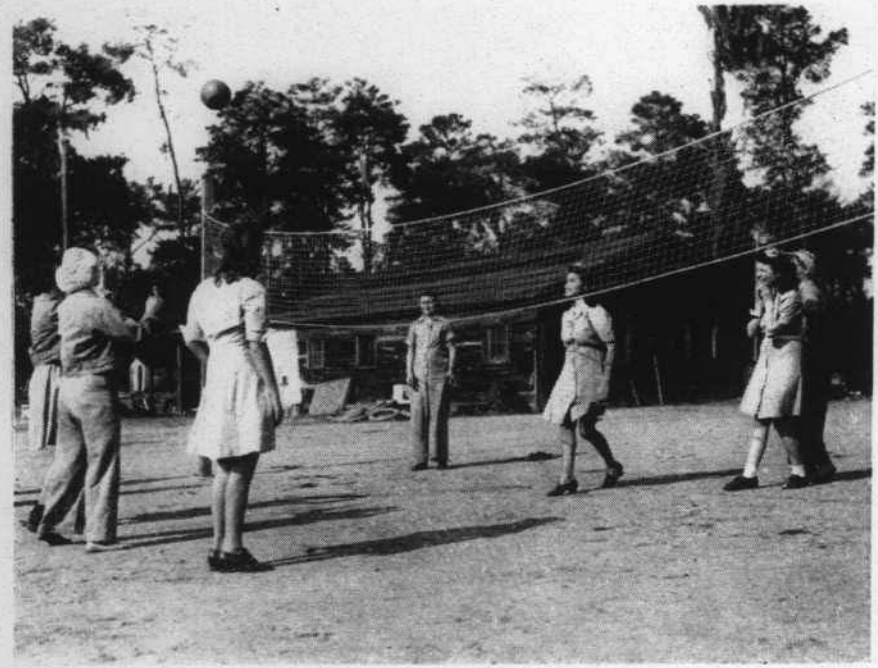
SYPHILIS	White	Colored	Total
None	499	103	602
Primary	8	0	8
Secondary	17	12	29
Early Latent	150	220	370
Late Latent	25	29	54
Cardio Vascular	0	1	1
Central Nervous System	6	3	9
Congential	3	1	4
GONORRHEA			
None	183	153	336
All Types	525	216	741
OTHER VENEREAL DISEASES			
None	706	334	1040
Chancroid	1	17	18
Granuloma	0	0	0
Lymphopathia Venereum	0	8	8
More than one "Other Venereal Disease"	1	10	11

TABLE 14.—TABULATION OF DIAGNOSIS AND COMBINATION OF DIAGNOSES BY RACE OF 1,077 GIRLS RELEASED FROM RAPID TREATMENT CENTERS AT OCALA AND WAKULLA.

Diagnosis Combination	White	Colored	Total
Syphilis Alone	73	104	177
Gonorrhea Alone	388	61	449
Other Venereal Diseases Alone	1	6	7
Syphilis and Gonorrhea	136	138	274
Syphilis and Other Venereal Diseases	0	12	12
Gonorrhea and Other Venereal Diseases	1	5	6
No Venereal Disease	109	31	140
Syphilis and Gonorrhea and Other Venereal Diseases	0	12	12

Another Rapid Treatment Center is in operation at the Duval County Hospital in Jacksonville. This treatment center offers a different type of intensive treatment. This method consists of raising the patient's temperature to 106 degrees for a period of five hours by placing the patient in a heat cabinet. At the conclusion of the fever, a single calculated dose of an arsenical is given after which the patient is removed from the cabinet and shortly thereafter allowed to go home. In this treatment center, male and female, white and colored, are treated and since this center was established, over 750 patients have received treatment. The data on the patients receiving treatment in this center was deleted from this report, due to the special type of treatment employed, but will be the subject of a subsequent article in this publication. The results with this method are most encouraging and are being carefully evaluated by those in charge of this research project. The results compare most favorably with the other intensive treatment methods and with the standard technique. The intensive forms of treatment, however, have

gonorrhea can and do produce repeated negative tests, but at the same time are highly infectious and continue spreading the disease to others. In the quarantine hospitals, the culture method of diagnosing gonorrhea was used, which is much more effective than spreads. Of the 1,077 patients treated in the hospitals at Ocala and Wakulla and released through December, 74% were discharged as cured, the remaining percentage being accounted for by escapes, transfers to other institutions, or recommitments

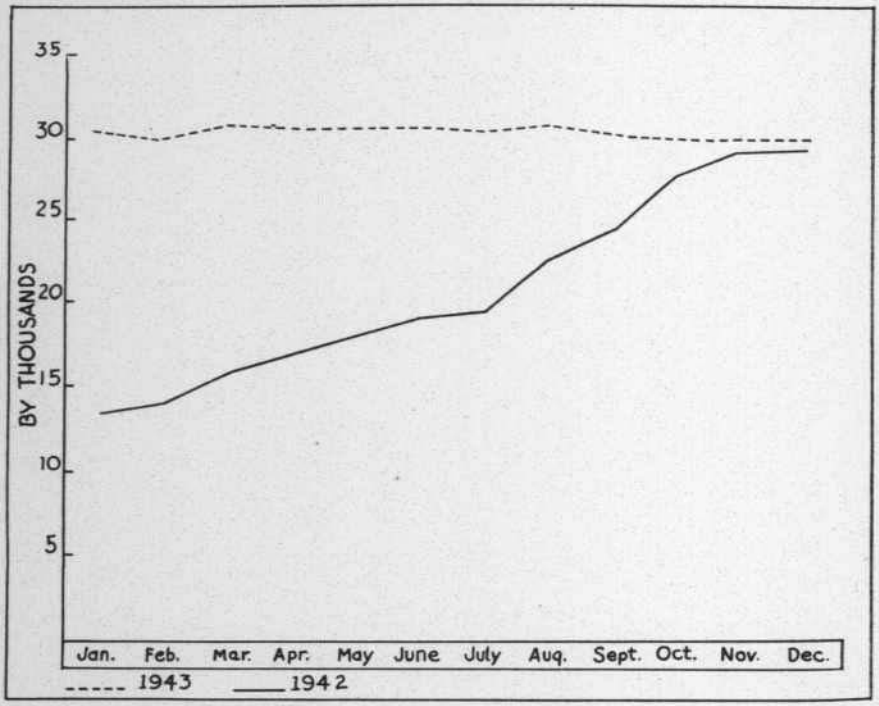


to jail. During the first nine months of operation, there were only 28 readmissions, or 2.6%. The hospitals located in Ocala and Wakulla have used an intensive form of treatment for syphilis; either the so-called five-day drip, which consists of giving 240 milligrams of an arsenical preparation in a suitable solution daily for five days, or the Eagle method, which consists of giving an ordinary dose of an arsenical preparation three times a week, plus an injection of bismuth for eight, nine or ten weeks. Gonorrhea, as a rule, and the other venereal diseases were treated in the usual manner.

*Recreation—Hospital No. 2, Ocala. Photo courtesy *Tampa Tribune*.

not stood the test of time as yet and those scientists who are studying these forms of treatment will not recommend universal adaptation until a longer period of observation is possible. These intensive forms of treatment are only used in the early stages of syphilis, and individuals reading about the newer forms of treatment should keep this in mind when they inquire if they too can not receive such treatment. The amount of treatment received with the new intensive methods has proven adequate in more than 85% of the cases. The patients receiving this type of treatment are not required to submit to additional treatments by the standard technique, but all patients are required to have follow-up blood tests at specified intervals. Health officers and members of the medical profession should keep this in mind when these patients present themselves for a check-up. To render additional treatment to these patients, nullifies the results anticipated from the follow-up visits. Cooperation in this respect will aid in determining the value of the intensive methods.

GRAPH 3. NUMBER OF CASES OF VENEREAL DISEASES UNDER TREATMENT BY MONTH IN CLINICS IN FLORIDA IN 1942-43



CASE HOLDING PROGRAM

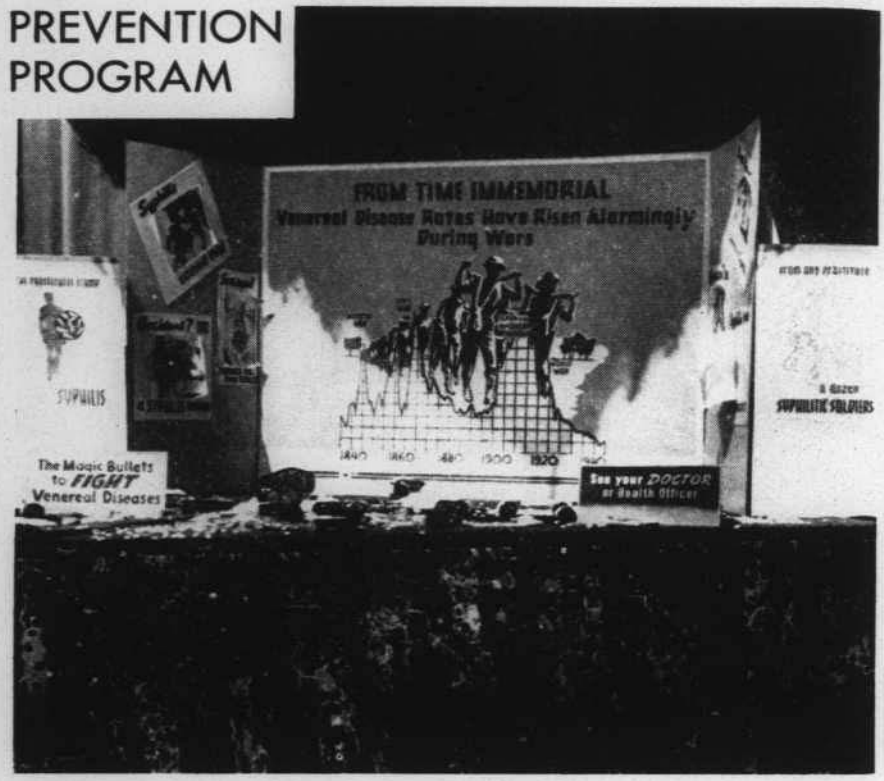
TABLE 15.—NUMBER OF CASES OF VENEREAL DISEASES UNDER TREATMENT IN CLINICS BY MONTH IN FLORIDA IN 1942-1943

Month	No. of cases of Venereal Diseases Under Treatment		Month	No. of cases of Venereal Diseases Under Treatment	
	1942	1943		1942	1943
January	13393	30218	July	19461	30710
February	14317	29956	August	22600	31412
March	15715	31311	September	24633	30472
April	16912	31156	October	27743	30008
May	18186	31255	November	29236	30076
June	19248	31296	December	29227	30000*

*Estimated.

To keep infectious venereal disease cases under medical care until they have been rendered non-infectious is a very important aspect of the venereal disease control program. With the intensive forms of treatment, patients are made non-infectious rapidly, but with the standard forms of treatment, patients must continue their weekly trips to the doctor's office or clinic until a minimum amount of treatment has been received. *Graph 3* and *Table 15* shows the number of cases of venereal diseases under treatment in clinics by month in Florida for 1942 and 1943. One can see that as the program gained momentum during the latter half of 1942 and throughout 1943, the number of cases reporting for treatment each month practically remained a constant figure. This speaks very well for those patients who are so anxious to get well and also displays the important role played by the lay investigators whose duty it is to return delinquent patients to the clinic. One might ask—"why, since over 30,000 cases of syphilis have been reported for both 1942 and 1943, aren't a larger number of patients under treatment in the clinics?" The new cases discovered each month having syphilis merely replace those who have been transferred and those discharged as cured. We should soon approach the day when the number of patients discharged as cured far exceeds the number diagnosed as having syphilis. When that day arrives, we will have just cause for optimism, but public health officials, law enforcement officers, and individual citizens must continue to wage unrelenting warfare until this insidious enemy has been permanently eliminated.

PREVENTION PROGRAM



In an effort to coordinate the activities of the many agencies endeavoring to reduce the incidence of venereal diseases in the armed forces and the civilian population, the Division for the first time scheduled a state-wide conference on venereal disease control in January to which were invited Army, Navy, Public Health Service, civilian health authorities, and other interested individuals. The conference received the enthusiastic endorsement of all present, and it was decided to hold subsequent conferences at quarterly intervals. At the July conference, the resolutions' committee recommended that an intensive educational program be instituted throughout the State and that a small steering committee, consisting of the State Venereal Disease Control Officer as Chairman and representatives chosen by him from the civilian and military agencies be appointed to meet at stated intervals to consider progress and plan new programs. This committee, with the writer as chairman, consisted of the following members: Sheriff D. C. Coleman, Miami; Mrs. Elizabeth Fretwell, Director, Bureau of Health Education, State Board of Health, Jacksonville; Mr. James Harper, Secretary Labor's Education and Protection Committee, West

Palm Beach; Major Onis G. Hazel, V. D. Control Officer, Headquarters Third Air Force, Tampa; Mr. John Kilgore, Chairman, Information Education & Morale Division, State Defense Council, Tallahassee; Miss Eunice Minton, State Welfare Board, Jacksonville; Dr. E. T. Sellers, Florida Medical Association, Jacksonville; Lt. Fred Turner, V. D. Control Officer, 7th Naval District, Miami; Judge Selden Waldo, State President, Junior Chamber of Commerce, Gainesville; Mrs. J. W. McCollum, Chairman, Federation of Women's Clubs Health Committee, Gainesville; Mr. Walter W. Argow, Executive Secretary of the Committee and Coordinator of the V. D. Educational Program, State Board of Health, Jacksonville. The first meeting was held in September, at which time it was agreed to proceed with the plans culminating in an educational campaign state-wide in its scope. This far outdistanced anything else previously considered or attempted in other States, and gave recognition to Florida as being the first State with a serious venereal disease problem to do something concrete and daring about it. Subsequent details and arrangements of the educational program were handled by correspondence and during the latter part of October, the services of Mr. Robert P. Anderson, an information specialist, were loaned to the Division by the U. S. Public Health Service. Considerable spade work had been accomplished before his arrival and posters, pamphlets, and other informative literature designed. The educational campaign, however, had not as yet been presented to any of the communities expected to cooperate, and in this respect, Mr. Anderson made a quick tour of the State, instituting preliminary plans for the launching of the state-wide program on January 1st, 1944. Mr. W. W. Argow joined the Division's staff in November as coordinator of the educational campaign and has organized wartime health committees in principal cities and communities throughout the State to carry on the educational campaign, not only during the month of January, but until venereal diseases have been entirely eliminated.

The Division of Venereal Disease Control solicited the aid of practically every known agency, club and organization. Dr. E. T. Sellers, Chairman of the Venereal Disease Control Committee of the Florida State Medical Association, wrote letters to each component medical society. Judge Selden Waldo, President of the Florida Junior Chamber of Commerce, wrote letters to each local chapter; Mr. George L. Burr, Chairman of the State Defense Council, directed each local defense council to cooperate; Dr. Henry Hanson, State Health Officer, requested cooperation from all the Army, Navy, Coast Guard,

and Maritime Training Bases; Dr. Joseph Bolten, Medical Director, U.S.P.H.S., Liaison Officer, 4th Service Command, requested cooperation from the Surgeon General's Office of the Army, Navy, and Coast Guard; Dr. Charles McGill, Surgeon, U. S. Public Health Service, Health Consultant for the Maritime Commission, requested all shipyards in the State to cooperate. The State Pharmaceutical Association was contacted and pharmacists are cooperating with the program; and other organizations contacted by this Division include, among others, the Business and Professional Women's Clubs, state-wide Public Health Committee, Florida Association of Social Workers, Florida League of Municipalities, Federation of Women's Clubs, American Social Hygiene Association, Florida Congress of Parents and Teachers, fifteen radio stations, twenty-five leading newspapers, all health departments and venereal disease clinics, and state, county, and city governments. The Hon. Spessard L. Holland, Governor of Florida, has been most cooperative in this program and proclaimed the month of January as Venereal Disease Control Month. The legal aspects of venereal disease control were covered by a very timely and appropriate article in the Florida Law Journal by Lewis W. Petteway, Assistant Attorney General for the State of Florida. Eight radio forums were prepared, which are being used by the cooperating radio stations. A series of thirty-five newspaper mats was prepared and is being sponsored by business organizations throughout the State for publication in local newspapers. One hundred twenty-five outdoor billboards were sponsored by city governments or civic organizations. In some areas, the cities were "bombed" with 3x5 leaflets, which in other cities, are being used to stuff utility bills and pay roll envelopes. Window displays, posters, pamphlets, leaflets, and all sorts of educational material have been prepared for distribution. Civilian Wartime Health Committees (white and colored) have been organized in most cities and communities with an executive board, and the following divisions: newspaper, radio, film, speakers, posters, and billboards.

Another feature of the educational campaign will be the training of neighborhood health wardens and civilian V. D. Control Officers. Through the cooperation of the local Defense Council and the local health officer, block leaders, air raid wardens, casualty station aids, or other volunteers who wish to cooperate in this important war job will receive a series of informative lectures, after which a suitable tag and certificate of recognition signed by the State Health Officer and Mayor will be awarded. Health Wardens will then be supplied with all neces-

sary informational material and their duties will be as follows:

1. To spread information in each neighborhood by word of mouth and by pamphlets and posters on the serious effects of the diseases, if allowed to go untreated, and the ease with which they can be treated by competent personnel.

2. To encourage everyone to have a blood test for syphilis and a smear test for gonorrhea.

3. To direct people to visit competent physicians at the first sign of any illness; or, if unable to pay, to visit the local health clinic.

4. To discourage self-diagnosis and medication and the use of patented "cure-alls" or the recipes of quacks or herb-root doctors.

5. To emphasize to all the importance of being faithful in their treatments, and thus help the local health officer maintain or regain the cooperation of those who may be delinquent.

6. To aid in the general promotional campaign as organizers or members of various committees, gathering facts on the local situation, stimulating public officials to greater activity, securing press, radio and movie coverage of the story of the ravages of venereal disease in their towns.

7. To gear into, assist and strengthen the various existing programs aimed at preventing or reducing promiscuity, youth delinquency and crime, through repressive and substitutive measures, and to develop programs where none is now in action.

The control of venereal diseases is a medical, social, and economic problem. Trained investigators can trace the infected; physicians can treat and cure them; police can suppress prostitution and other forms of promiscuity which spread disease, but syphilis and gonorrhea will march on unless the people in every town, city, and county are made aware of the seriousness of these diseases, and offer their wholehearted cooperation on various control efforts. No one person, and certainly no central committee can carry out this program. This job requires the help of every person and organization in each community. Florida has received considerable adverse publicity resulting from the high incidence of venereal diseases; it is, therefore, the patriotic duty of every citizen to help erase this blemish from the State.

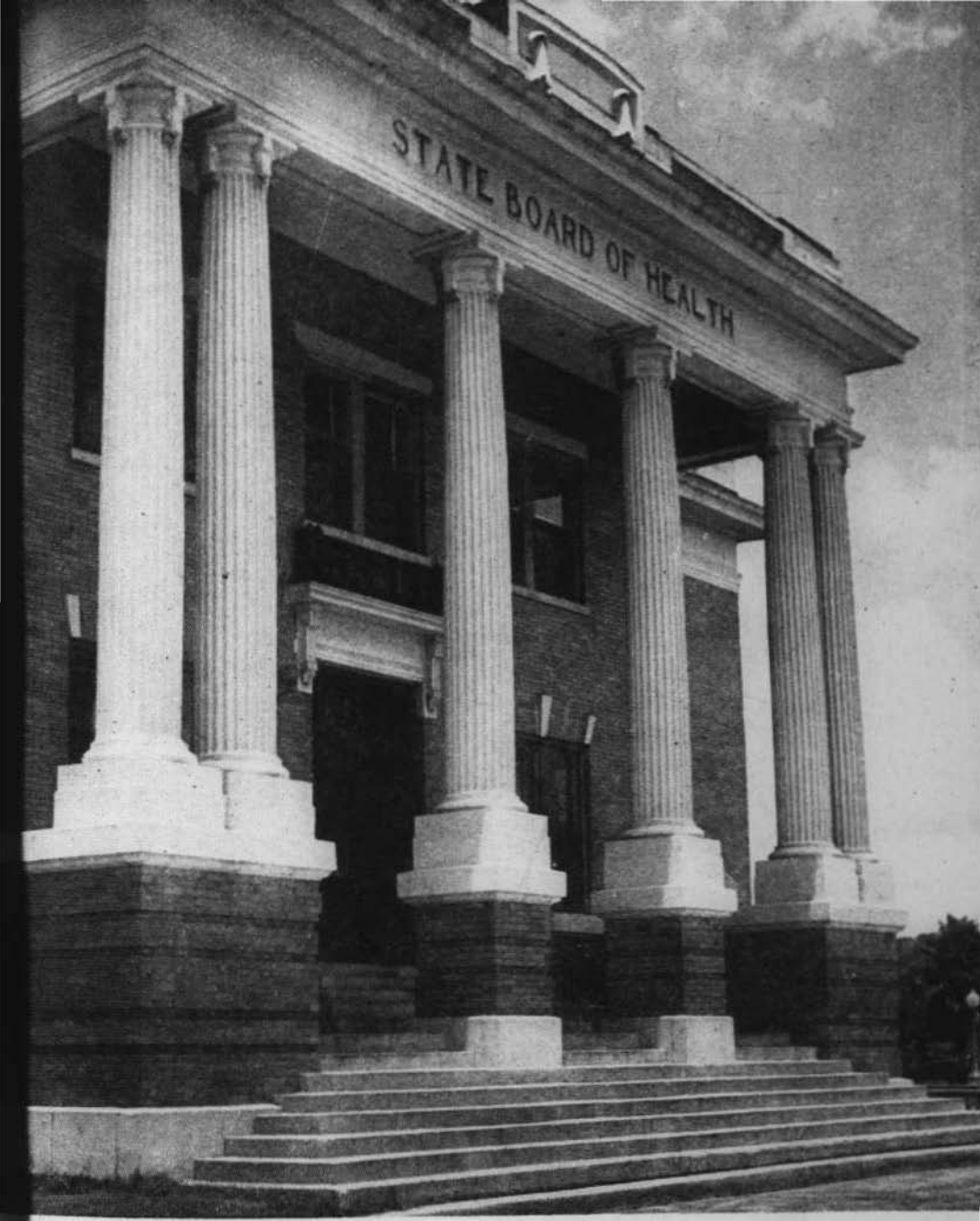
CONCLUSION

In reviewing the above expansion of the Venereal Disease Control Program in Florida, we feel it timely to give due recognition to the men who formerly directed its activities: Dr. L. C. Gonzalez, who organized the Division in 1938 and resigned in May 1942 to enter private practice; and Dr. Wilson T. Sowder, Surgeon, U. S. Public Health Service, under

whose direction the present staff had the privilege of working. (Many of you will be interested in knowing that Dr. Sowder's new field of endeavor is Venereal Disease Control Officer for the War Shipping Administration, with headquarters in Washington, D. C.).

The writer has directed the Division for the past six months; therefore, it is only proper that credit for the V. D. Control Program, now operating so effectively in this State be shared with these predecessors. Most of the Charts, Tables, and Maps presented in this report show the work done by these two men. Recognition must also be given to the important work performed by all health officers, U. S. Public Health Service Officers, assigned to the State, and private physicians, all of whom have contributed to the success of the V. D. Control Program. Valuable assistance in the administration of the program was received from Mr. R. D. Shannon, P. A. Sanitarian (R) U.S.P.H.S., Chief Statistician, who prepared all the tables, charts, and maps in this report, and from Miss Evelyn Blanton, who has assumed most of the non-medical administrative duties in connection with the Rapid Treatment Centers. All other Bureaus of the State Board of Health have been most cooperative with the Division of V. D. Control. Special commendation should be given to the Bureau of Health Education and its staff for the valuable assistance received in the preparation of not only articles in Health Notes, but also for preparation of news articles, posters, pamphlets, and other material used in the educational program.

In spite of the obstacles and difficulties encountered during the past year, the "esprit de corps" remains intact and with the assistance of the many prominent citizens and civic organizations backing the educational and prevention program, we believe that Florida will soon be able to point with pride to the successful elimination of syphilis and gonorrhea.



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • MARCH, 1944 • VOL. 36 • No. 3

Florida HEALTH NOTES

ESTABLISHED 1890

ACCREDITED HEALTH UNITS

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
T. H. D. Griffitts, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elizabeth Fretwell

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

WATERWORKS AND SEWERAGE POSTWAR OR BLUEPRINT NOW

By **JOHN B. MILLER,** *Chief Sanitary Engineer*
Bureau of Sanitary Engineering

Most waterworks and sewerage people, and many lay citizens, are familiar with the "Blueprint Now" movement promulgated and sponsored by the Committee on Water and Sewage Works Development* throughout the country. Late last year this office was asked to represent the Committee in Florida. We have been hesitant in sending out information, however, until we were able to review the plans completely, and make definite comments.

Our interest in, and desire to see adequate planning for the postwar era is rather dimmed by the realization that today's Number One job is the winning of the war. Nevertheless, plans for peace must be injected into the war-winning program if total victory is to be realized. At the cessation of hostilities, men mustered out of the armed forces and war industries, must be employed in worthwhile and constructive occupations. Such occupations quite likely will be found in construction projects necessarily deferred because of wartime shortages of materials and labor.

In the upper bracket of deferred construction projects, forward-looking and progressive communities are placing proposals for badly needed water supply and sewerage system improvements. However, labor and materials cannot be put to work on short notice on such projects unless comprehensive plans and specifications covering the proposed improvements are available. This is definitely the time to advance these projects to the blueprint stage. We do not believe there will be any startling changes in the methods of water and sewage treatment in the near future.

It is our sincere belief that every community in Florida with proper management of these utilities is entitled to, and able to pay for adequate water and sewerage systems, including necessary treatment of water and sewage. We do not intend to infer that there are not other worthwhile postwar projects which should be considered by each municipality in the

*The Committee represents the American Water Works Association, the Federation of Sewage Works Associations, The New England Water Works Association and the Water & Sewage Works Manufacturers Association.

state. But we do believe that communities grow and prosper by maintaining modern standards of water supply and sewage treatment. Moreover, every citizen of a community is benefited more by adequate water and sewage works than by most any other pubilc works. Without water in abundance, treated if necessary, and an adequate and proper waste disposal system, a community's health is endangered.

Plenty of water under sufficient pressure, is also requisite for adequate fire protection. Industries and prospective citizens are always more attracted to a community which has an adequate, easily obtainable supply of water. Facilities for collection, treatment and disposal of sewage under modern requirements are also factors when a new location is being considered. A community's progress is truly reflected by these two important utilities.

Since the water and sewerage systems in a community have far-reaching consequences, the importance of preconstruction planning of these improvements, with such plans evolving out of thorough investigations conducted according to sound sanitary engineering principles, cannot be stressed too greatly.

Planning for improvements in water and sewerage systems doesn't merely mean the working out of the technical details of supply, treatment and distribution of water, and the layout of collector networks, treatment and disposal of sewage. Consideration must also be given to the financial structure involved. In most instances, waterworks and sewerage, including adequate treatment, can be set up as self-sustaining projects with respect to both capital amortization and operation. In connection with this all important matter of financing, it remains anyone's guess whether government participation in postwar projects will become a reality. We should plan on the assumption that federal graints-in-aid will not be available.

Any information in the files of this office which might be of assistance in preparing plans now for postwar sewerage and water projects is available to communities and their consulting engineers. We shall be glad to go into this important phase of postwar planning with local officials and every possible assistance which we may give is gladly offered.

DRAINAGE WELLS —A REAL PUBLIC HEALTH HAZARD

By FRED A. EIDSNESS, *Associate Sanitary Engineer*
Bureau of Sanitary Engineering

A drainage well is defined in the Florida State Sanitary Code as any cavity, drilled or natural, which taps the underground water, and into which surface water, waste waters, industrial wastes, or sewage is disposed. Natural drainage wells are known locally as "sink holes" and are common in the State. They are formed by breaks in the upper earth's surface and are directly connected to the limestone formation, allowing surface water to enter the deep-seated gravel or porous stone, technically known as aquifers. One view of a limestone quarry indicates how easily contamination can be carried in the vertical and horizontal channels of the rock. Drilled drainage wells present even a greater hazard since their purpose is specifically for waste and they are usually drilled to a cavern in the underground limestone which will receive a large quantity of liquid.

In the November 1943 issue of the *Journal of the American Water Works Association* there is an opportune article covering investigations by the Minnesota State Board of Health, following an outbreak of typhoid fever in a limestone area. The evidence that there were connections between natural drainage wells and limestone aquifers used for drinking purposes was direct and definite. They summarize, in part:*

> "It is obvious that there is real danger of underground contamination of municipal and private water supplies situated in fissured and cavernous limestone area . . . This is borne out by the fact that on four separate occasions underground sewage flow was traced, with the aid of fluorecein dye, up to a maximum distance of 2,000 feet and in every case the dye was recovered from a water supply that had been used for drinking purposes. In connection with a typhoid fever outbreak, it was possible to isolate pathogenic organisms (*Eb. typhosus*) directly from a well supply.
>
> "In the development of underground water supplies, great care should be exercised in the selection of well locations, the use of impervious overlying geological strata and special structural features to exclude underground contamination. Municipal water supplies should be provided with subsequent treatment as required.
>
> "Water supplies that are obtainable from springs in the limestone formations should be considered as surface water supplies and be provided with adequate treatment.
>
> "The practice of discharging sewage into the limestone formations should be eliminated."

*Contamination of Water Supplies in Limestone Formation, Kingston, S. P.—Journal of the American Water Works Association, Vol. 35, No. 11, pp. 1450-1456.

Cases similar to the above have long been noted by public health authorities. One classic example is the typhoid outbreak of Lausen, Switzerland, of 1872. The larger part of the population used the village well. Typhoid fever had been unknown for years when an outbreak suddenly occurred. The epidemic resulted in 144 cases out of a population of 794 persons. It was found that this public well was fed by a brook which disappeared into a "sink-hole" on the other side of the mountain from Lausen. In June of that year, the brook had been infected by excrement of a typhoid patient living in an adjacent valley.

The records of this office reveal numerous cases of pollution of aquifers by disposal of wastes into drainage wells. Where one considers the limestone formations of Florida (the Ocala limestone is more permeable, particularly vertically, than the Galena-Platville limestone of Minnesota), it is remarkable that more widespread pollution has not occurred. Let us mention a few cases from our records:

1. Several years ago a country club in Central Florida drilled a deep well to supply its swimming pool. The well was drilled to a depth of 500 feet, with 172 feet of casing. In 1936, a drainage well had been drilled in this area to 375 feet and cased to approximately the same depth as the country club well. The former, upon being pumped for capacity, brought up an abundance of leaves and highly colored surface water. Bacterial tests of the content were positive.
2. A supply well was drilled for a jail in Central Florida to a depth of 300 feet. It was located about one-quarter mile from the nearest city drainage well into which seware flows. Capacity tests at this depth brought forth only offensive septic sewage.
3. Several years ago a supply well of a utilities company in Central Florida suddenly failed in quality. Gross contamination was noted. The color of the water increased so that it equalled that of the proximal lake. Solution channels had obviously broken through from the nearby lake.

The greater percentage of raw water used for municipal supplies in this State is obtained from wells, and a large percentage of this amount is from deep wells tapping limestone aquifers. Large quantities of water for private and industrial uses are obtained from deep wells.

The problem of drainage wells is an important consideration in the field of public health. No wastes, sanitary, industrial, or others considered objectionable, should be discharged into them. The control of drainage wells as they may affect public health ,is adequately delegated to the State Board of Health. Objectionable conditions now existing, will be corrected. Future hazardous practice must be abated. The use of drainage wells for disposal of wastes should be discouraged by all; it presents *a real public health hazard.*

SCHOOL LUNCHROOM SANITATION

By **ROBERT G. CARTER,** *Technical Sanitarian*
Bureau of Sanitary Engineering

One of the most forward steps taken in recent years by those responsible for the formal education of the children of Florida has been the provision of a hot, nourishing noon meal for school children. Since the inauguration of the school lunch program on a wide scale during the depression years, a great number of Florida schools are operating cafeterias or lunchrooms.

As is the case in the preparation and serving of food and drink in restaurants and other public food handling establishments, the sanitation of school lunchrooms is of public health importance. It is for this reason that the State Department of Education and the State Board of Health have recently prepared and adopted a set of standards or rules and regulations governing the sanitation of school lunchrooms. The preparation and adoption of these sanitation standards was authorized by an enabling act of the State Legislature, which act reads in part as follows: "The State Board of Education and the State Board of Health shall jointly prescribe regulations relating to the sanitation of schools." Officially this set of standards is known as Section 25 of Chapter XXV of the Florida State Sanitary Code.

When preparing our new school lunchroom sanitary code, an attempt was made to write a set of regulations that would be effective in encouraging the improvement of school lunchrooms. They would alleviate the necessity for legally closing those lunchrooms failing to comply with the minimum sanitation requirements after sufficient time for improvements had lapsed. This has been accomplished by a simple system of grading.

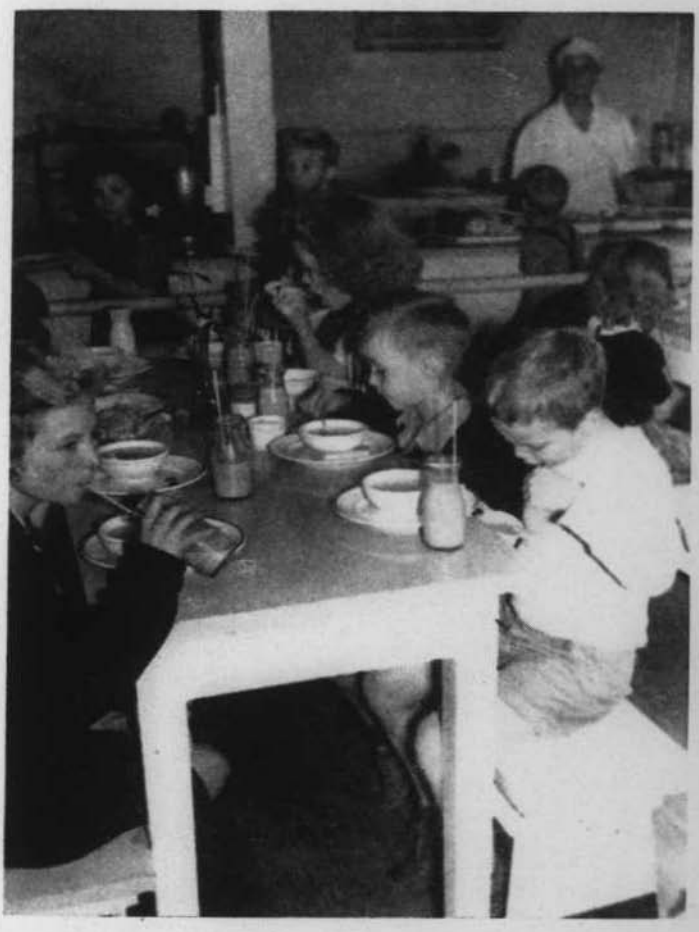
Every school lunchroom is graded either A, B, C, or D by the health officer upon the completion of this first inspection. Each of these grades is indicative of a definite standard of sanitation as defined in the Code. Grade "A" lunchrooms are those which comply with all the requirements of the Code. This is a grade of excellence, representing a standard toward

which every school lunchroom should plan and work. Grade "B" lunchrooms are those which are deficient in certain structural details such as space and arrangement, ventilation, illu-

This school lunchroom kitchen is equipped with a hot water heater capable of supplying water at 171 degrees F., the temperature required by the State's new sanitary ruling for sterilizing school cafeteria dishes. The code calls for dishes to be washed in water 110 degrees and scalded in a temperature of 171 degrees. The divded sink is also adequate in this case, for the dishes when washed must be placed in a wire basket and submerged in water of the required temperature for several minutes. Where water of the required temperature is not available, a third sink is necessary for a chlorinated bath—the final safeguard for sanitizing school lunchroom utensils. —*Staff Photo.*

mination, the type of structure in which the lunchroom is housed, the premises of the lunchroom, but which in all other respects comply with the standards for Grade "A" lunchrooms. A grade "B" lunchroom is a good lunchroom. It is clean, orderly, and is

operated in such a manner as to prevent the spread of disease through the preparation and serving of food and drink. Grade "C" lunchrooms are those which are deficient in such details as



To the causal observer this lunch-time scene might be typical of any public school cafeteria. Attention, however, is called to the children's feet which barely touch the floor in the foreground. For good posture, comfort and preventing of breakage, the seats should be low enough for children to sit with their feet placed firmly on the floor. Seating according to size is a requirement for a Grade A school lunchroom. *—Staff Photo.*

screening, kitchen utensils and equipment, space-heating facilities, dining area facilities, facilities for rendering first aid to employees, or piped water under pressure, but which in all other respects comply with requirements for grade "B" lunchrooms. Grade "C" lunchrooms are fair to poor. Grade "D" lunchrooms are defined by the Code as those which fail to comply with

that, where needed, improvements will be effected within the liberal probationary periods allowed.

At the present time, enough school lunchrooms have received their initial inspections and grades to justify some generalizations. Of those inspected so far, most have been graded "D." This does not mean that most of our lunchrooms are fundamentally bad. It means, as a study of the inspection reports reveals, that most of our lunchrooms have been neglecting certain basic sanitary procedures. The most common neglect or faulty method noted, is in the sanitization or disinfection of eating utensils. Other common deficiencies are failure of employees to secure health certificates; improper storage and protection of foods, and cooking and eating utensils; improper garbage disposal; and ineffective screening.

Many of the lunchrooms which have received a grade of "D" upon the first inspection will warrant a higher grade after faulty sanitary methods have been corrected. Other lunchrooms will require screening, the installing of hand-washing facilities for employees, and other such major improvements before a higher grade can be awarded. After the new Code has been in effect for a few months, there will be more lunchrooms in the higher grade brackets, and after a year of supervision, the normal spreal from C to A grades should be attained.

The Code requires that a health officer upon the completion of his inspection of a school lunchroom, leave a copy of his inspection report with both the school principal and the county school superintendent. It also requires that a notice stating the grade of the lunchroom be displayed in a conspicuous place in the room. Look for these grade placards. If your school lunchroom displays a grade "D" or "C" placard, ask your principal for his copy of the health officer's official inspection report. This report will show the deficiencies of your lunchroom. It will show where your lunchroom needs attention.

OUR ERROR

The photographs on pages 20, 35, and 40 of the February, 1944, issue of *Florida Health Notes* were made available through the courtesy of the *Tampa Times*. Through error credit was given to another newspaper. The editor apologizes and takes this occasion to thank the *Tampa Times* again for its fine cooperation.

Grade A, B, or C requirements. This lowest grade applies to all substandard lunchrooms and those having deficiencies in the basic sanitary requirements. Grade "D" is a temporary and probationary grade.

The Code states that after one year from the effective date of the Code, the grade of D will be discontinued, and only grade A, B, and C lunchrooms will be allowed to operate in the State of Florida. In other words, all school lunchrooms graded "D" will be given one year to improve their facilities and methods sufficiently to obtain a higher grade. If such improvements are not made within this period, the lunchroom will have, in effect, closed itself.

These children are learning the importance of cleanliness by the actual "doing." The above scene is a common one in all schools maintaining supervised lunchrooms. Youngsters automatically rush to the lavatory to wash their hands before entering the cafeteria for a hot lunch. *—Staff Photo.*

After a period of three years, the grade of C will be likewise eliminated, leaving only grade A and B lunchrooms operating. By employing this system of grading, it is the hope of the State Department of Education and the State Board of Health that few school lunchrooms will be required to close;

WARTIME MILK SANITATION

By ARTHUR H. WILLIAMSON, B.S., D.V.M., *Milk Sanitation Consultant Bureau of Sanitary Engineering*

Times are indeed critical for the dairy industry. Consider the position of the dairyman who is faced with advanced feed and labor costs, priorities on equipment, to say nothing of O.P.A. regulations which prevent a proportionate rise in fluid milk prices. Profits, if any, are meager and the hours are long and regular. Dairymen, as a class, are substantial citizens and are usually leaders in their communities. They take pride in their milk handling operations and are definitely discouraged when they find themselves, because of the acute shortage of skilled labor, unable to maintain the high sanitary standards to which they have been accustomed. Faced with these almost insurmountable obstacles, some of our best operators are quitting the business and others are giving serious consideration to similar action. Still others are effecting "combines" and are pooling labor and equipment in an effort to carry on. Those remaining are unable to supply the abnormal demand due to the great influx of war workers and members of the armed forces, and considerable dairy products must be imported to avoid strict milk rationing. This is an unhappy situation from every standpoint, but one that cannot be avoided.

Milk consumption and milk sanitation go hand in hand from the public health point of view. Failure to maintain either is inimical to public health. We should therefore make every effort to see that an adequate amount of milk is consumed and that it is protected from contamination and safe for human consumption. We would not be taking a comprehensive viewpoint of the milk situation if we should suggest that Grade "A" standards can be maintained in all instances when milk is shipped long distances and skilled farm labor is so scarce in every part of the country. We may as well face the facts in the matter and recognize the situation as it is. We cannot—nor should anyone wish to—prevent the sale of the somewhat lower grades of milk that are safe for human consumption any more than we should stop the sale of No. 2 tomatoes. We should and do, however prevent unsafe milk from entering consumer channels in the same manner that cull tomatoes are excluded. But when this somewhat lower grade of milk enters the market, it should not do so under the Grade "A" label. This practice is fraudulent and will in time, if it becomes generally known, destroy public confidence in the Grade "A" label.

The U. S. Public Health Service has spent 25 years establishing the Grade "A" label as a mark of quality. Thirty-eight states, including Florida, and 2,400 American cities have joined this movement, and have adopted nationally accepted standards for the various grades of milk. These standards were formulated by the best qualified men in the country, men free from any taint of partisanship or prejudice, working with the sole idea of giving the country a uniform set of regulations that are reasonable and easily complied with, and yet give to the public the necessary health protection.

Is there any good reason why the cardinal principles of milk sanitation cannot be decided upon by health officials and incorporated in milk legislation? Does not a principle hold in Key West as well as in Pensacola, and cannot we accept the verdict of men long experienced in public health, and in milk control, in such matters? We **could**, but often we do not. We are a country of individualists. Various city officials take peculiar pride in formulating milk regulations that are **different.** Some of them are not health officers or even trained sanitarians and are not competent to judge the public health import of what they are putting into law. They are all too often influenced by pressure from special interests, and sacrifice public health principles, a protection which takes from the public the health protection to which it is entitled. Under a system of this sort, Grade "A" milk in one city is produced under entirely different regulations than Grade "A" milk in another. Some cities have strict regulations, with most of the essentials of sanitary milk production incorporated, while others have no effective regulations from the public health point of view. Rivalry between cities, under such conditions, sometimes prevents legitimate dairymen from selling their Grade "A" products in neighboring towns. This works a hardship on those dairymen who certainly have the moral if not the legal right, to sell their products anywhere, if they meet proper and nationally accepted sanitary standards. The injustice of such a situation can readily be seen. One dairyman meets high standards for Grade "A" milk required by one city. The other meets the not so high and often totally inadequate standards of another. Both, however, carry the Grade "A" label. In one hypothetical instance, you have proper health protection; in another, you have not. What about the public? How is the public to know the difference?

come sick and have to be replaced. Unskilled dairy helpers and even farm hands have to be called in as "pinch hitters" for these key men. They are, at times, totally unfamiliar with the technicalities involved in the proper processing of milk and must be closely supervised.

Pasteurized milk is the only really safe milk. It is absolutely necessary that it be **properly** pasteurized. One of the worst milk-borne epidemics of this generation resulted from the use of "so-called" pasteurized milk in Montreal in 1927. This milk bore the pasteurized label and the consumer had every reason to believe it was safe. It was not safe, however, because it was not **properly** pasteurized. Over 5,000 persons developed typhoid fever from its use and 488 deaths occurred. Pasteurization is not a substitute for sanitation. It is an extra safeguard. It is the last bulwark of protection which disease producing organisms cannot hurdle. Because of the absolute health protection it affords, pasteurization as an institution is one of the great boons to mankind. We must guard it zealously. Pasteurized milk consumption has not increased as rapidly as we would like. One of the reasons for this is incidents such as the Montreal typhoid epidemic. Students of this epidemic know that the milk was not pasteurized in the true sense of the word, but what about the public? It was labeled "pasteurized milk" and the unsuspecting public had every reason to believe that it was safe. Such occurrences as this not only hurt the milk industry, but hurt pasteurization as an institution immeasurably by destroying public confidence in pasteurized products.

Today in time of war when the greater portion of skilled labor has been drawn off in military channels, and when it is absolutely necessary to use some unskilled labor in the processing plants, the responsibility of health officials has greatly increased. It must be said, however, that most operators are conscientious, and strive to carry out health regulations of their own volition, although there are some who will "cut corners" for personal gain. In so doing such people subject the public to health hazards, whether unwittingly or otherwise. In the Montreal epidemic for instance, there was evidence that more raw milk was received at the plant in question than the records showed had been pasteurized, during the given period. There was other evidence to indicate that time and temperature in processing operations had been cut short. No sane person would contend that the operators of this plant did not care whether they caused trouble or not. The probability is that the milk plant

It is indeed time that all of these inequalities be erased so that a Grade "A" label on a bottle of milk will mean exactly what it implies in every municipality of our State. Non-essentials should be eliminated, especially in such trying times as these, from all milk control regulations. All essentials, however, should be retained. It is the only way we can lighten somewhat the hardships necessarily imposed upon the dairyman, and at the same time discharge our full responsibility to the public.

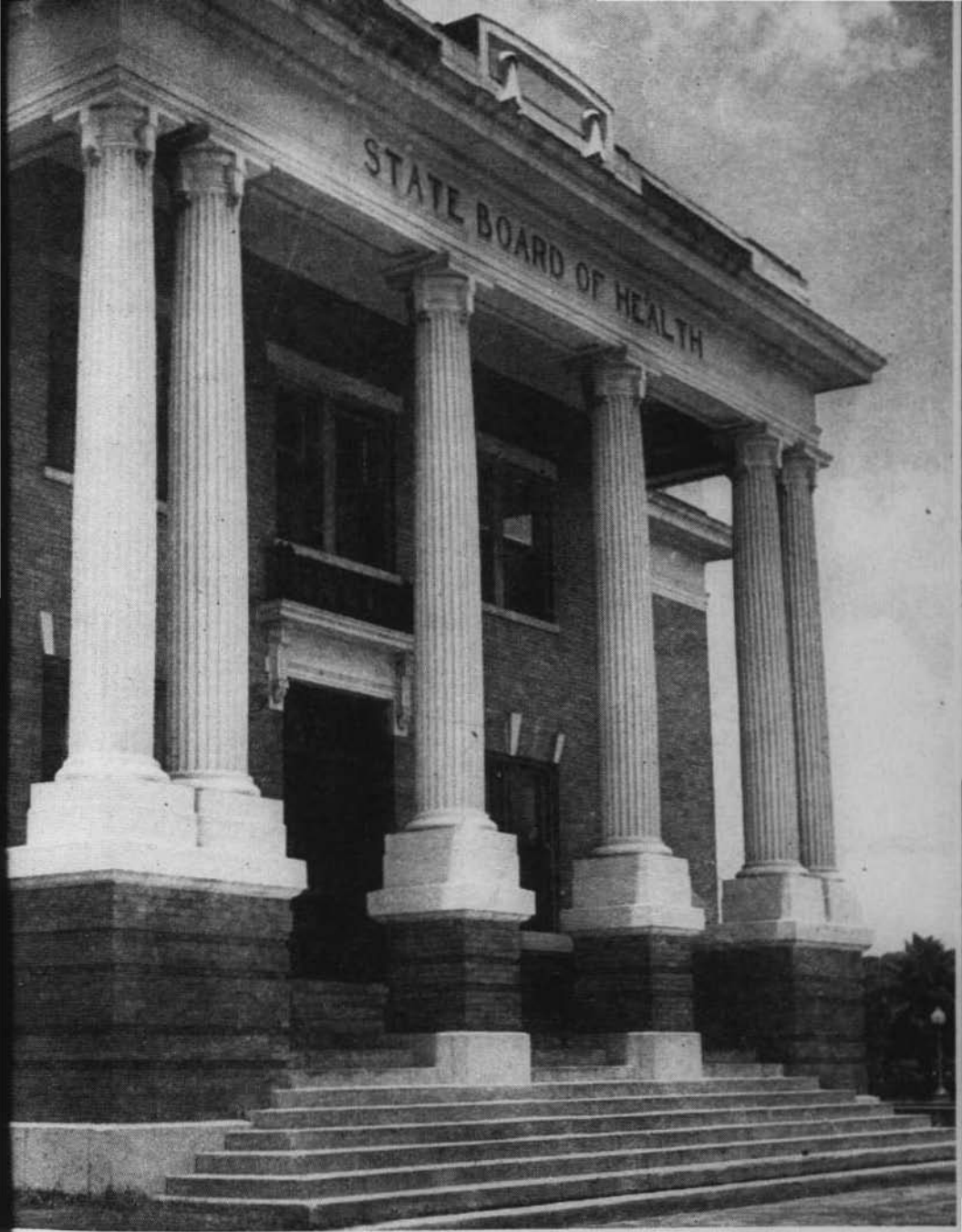
The temperature chart of a pastuerizer such as shown above must be checked frequently when milk is in process of pastuerization. A temperature of 143 degrees Fahrenheit is held for 30 minutes. The milk is then pumped through sanitary pipes to a cooler where the temperature is reduced instantly to 40 degrees. State milk regulations require a maintenance of 50 degrees F. or below until product is delivered to customer.—*Staff Photo.*

Milk control officials everywhere should direct special attention to the pasteurization processes as carried out from day to day by the industry. It is more important now than ever that this be done because of the dearth of skilled milk plant machinery operators. Emergencies are continually arising at milk plants during every day operations. Key men sometimes be-

foreman was rushed or careless or both, and that the milk plant machinery operators were unskilled and did not fully realize the responsibility entrusted to them.

Perhaps no individuals other than the operators of a public water supply treatment plant have a greater responsibility insofar as the health of the community is concerned than do pasteurization plant machinery operators. To them must be entrusted the details of the pasteurization process. If they fail, the public has a false sense of security, the Grade "A" pasteurized label loses its meaning, and pasteurization, one of the greatest boons to mankind in the public health field, is discredited.

No supervisor other than a trained sanitarian can function effectively here. He must be able to detect maladjustments of instruments that control the time and temperature elements, and he must, in addition, be familiar with all of the safety devices which insure proper pasteurization and subsequent protection against contamination. The role of the old style "police-type" of inspector is finished. The present day supervisor must know the technical as well as the fundamental aspects of milk control. He must be able to impart his knowledge to those with whom he works and impress upon them the seriousness of faulty operations. Confronted with ever increasing labor shortages and shortages of equipment and operating materials, he is called upon to make important decisions. He is asked to forego this requirement and that requirement due to stress of the emergency. These requests are backed by sound argument and facts relating to dairy economics. What is he to do? Should he sacrifice a public health principle for the economic benefit of an individual? Certainly not! He should not let the dictates of his "heart" overrule his better judgment, and he should always keep in mind the profound effect any decision he makes may have on the health and well being of the community.



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • APRIL, 1944 • VOL. 36 • No. 4

Florida HEALTH NOTES

ESTABLISHED 1890

ACCREDITED HEALTH UNITS

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
T. H. D. Griffitts, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elizabeth Fretwell

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

Each April, for the past several years, the Florida State Board of Health has dedicated its official publication, HEALTH NOTES, to the Florida Women's Field Army of the American Society for the Control of Cancer. This year, in cooperation with Mrs. Malcolm Smith, State Commander of the W. F. A., Tampa, we are again happy to contribute HEALTH NOTES to this splendid cause.

THE NECESSITY FOR CANCER EDUCATION

by Dr. HENRY HANSON
as told to the editor

Once again the Florida State Board of Health is glad to dedicate the April issue of its official publication, Health Notes, to the Florida Chapter of the Women's Field Army for the Control of Cancer, in recognition of its splendid fight to control cancer.

Cancer is due to abnormal development of cells of epithelial origin. There is a similar condition called sarcoma which is also due to abnormal growth of connective tissue cells. Medical science is still probing into the darkness of its cause. And because of its elusiveness, and because it is human nature to fear the unknown, the public has unwittingly aided in its destructive headway by "being afraid" to consult a physician when suspicious lumps or unexplained discharges, usually the symptoms of cancer, appear.

There are unlimited measures yet to be accomplished in the fight against cancer. More training to afford wider knowledge in diagnosing and treatment—certainly more research—experimental, clinical and therapeutic. But the important factor—as we gradually achieve the above, is a continuous educational program to eliminate the paralyzing fear that clutches every individual when he or she visualizes themselves as a possible cancer victim.

People must be reminded constantly that cancer, when attacked in its early stages, can be eradicated by surgery, radium or x-ray. They must forever be impressed with the fact that the longer they "put off" seeing a physician, the less chance they will have for successfully controlling the growth. They must not be allowed to subconsciously hide their fears by consulting quick-cure quacks. Continuously, must the information to alleviate these fears of cancer be kept before the nervous

public if we are to make an appreciable headway in fighting the country's second most death-dealing disease.

The Women's Field Army, in its annual effort to publicize the evil symptoms of cancer, is making an intelligent dent in this unlimited field of health education. It is to be commended for its consistent effort. But the public forgets easily, and it is primarily by prodding repetition that there is real hope in making individuals minutely conscious of the adage that an ounce of prevention is worth a pound of cure.

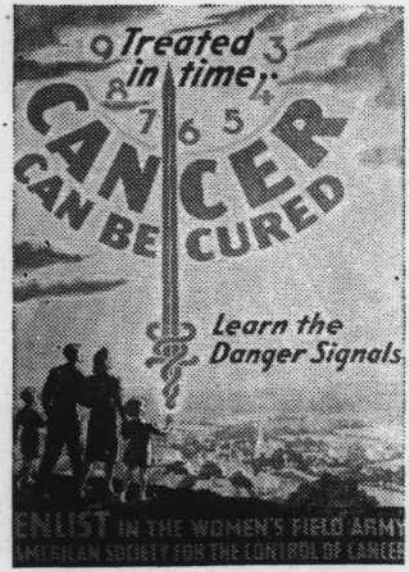
Cancer is a killing disease that must be forever watched for its menace to the human race. A broadside campaign once a year is invaluable, but not enough. Every day, every man and woman, particularly as they grow older, should have his or her instinct for self-protection against cancer whetted by intelligently prepared information—the symptoms to look for, and the necessity for acting quickly to control them.

Early physical examinations must be stressed. A clean bill of health today means nothing this time next year. For a cancer can manifest itself in the breast or uterus of a woman—in the stomach or prostate of a man—and can have done its work—over the short time that the individual is deciding whether he should have an examination this year—after all, didn't the doctor say he was "sound as a dollar" a year ago?

Fear of "what the doctor may find" is the first great bugaboo that MUST GO if cancer is to be controlled in Florida. The doctor is your friend; his bad news today may easily mean the saving of your life tomorrow—and his good news will certainly give you mental relief, and a new lease on life.

For the past five years there has been a death rate of 96.4 in the State. This represents many lives that might have been saved but for the strangling fear which prompted them to postpone consulting a physician until it was too late for help.

Yes, the public must be constantly told of the danger signals which may mean the dreaded cancer—and impressed with the fact that when "caught in time, cancer can be cured," but only through the three acknowledged channels, radium, x-ray and surgery.



"IN TIME"

This month an army of 250,000 women, backed by the medical profession and reinforced by science, has launched another concentrated attack on one of mankind's oldest enemies —cancer. In the United States this disease is the second highest cause of death because it is human nature to procrastinate. Authorities declare that although cancer kills 163,000 persons annually, almost 100,000 of these deaths are unnecessary and preventable. Treated in time, they say, cancer can be cured.

The women who will launch the attack are volunteer members of the Women's Field Army of the American Society for the Control of Cancer. The plan of campaign through which they anticipate ultimate victory against their sworn enemy is simple. They hold that if everyone knew the early signs of cancer, and would consult a qualified physician promptly if one of these signs appeared in his body, the national death rate from this disease would be lowered between fifty and sixty-five percent.

They point out, however, that in the light of our present knowledge, cancer can be cured only in its early stages. Too many people, they say, wait for pain to appear before consulting their doctors. Pain is a late symptom. After it appears. cure is more often than not impossible. There is no pain in the early stages of the disease. Therefore, the individual must literally protct his own life by being suspicious of any change in his body, no matter how innocent it may appear to him. He should consult his doctor promptly.

"Treated in time," says the poster for this year's campaign, "cancer is curable." The most important words in this slogan, say the Women's Field Army, are "in time."

FACTS ABOUT CANCER

Cancer can be cured in many cases if it is discovered in its early stages and treated promptly by a qualified physician.

The only known methods of cure are surgery, x-rays, or radium used either alone or in combination with each other. The type of cancer and its location determine the treatment.

No medicine has yet been discovered that will cure cancer.

THE CANCER PROBLEM

Cancer is the second highest cause of death in the United States, and third highest in Florida. Heart disease is first. In 1942 (latest available statistics) cancer killed 163,400 men, women and children in the country; 1,955 in Florida. Contrast this with the total of 32,017 deaths of Army, Navy and Marine Corps and Coast Guard personnel in the first two years of war up to the latter part of 1943.

Authorities in this field say that between half and two-thirds of the annual deaths from cancer could be prevented.

The possibility of saving approximately 100,000 lives annually is of special importance during this crisis in American history when man power is at a premium.

The major reason for unnecessary deaths from cancer is delay (caused for the most part by ignorance of the facts or by fear of consulting a doctor.)

THE CANCER CONTROL PROBLEM

In 1938, the Congress of the United States set aside April as "Cancer Control Month,' thus taking official cognizance of the seriousness of cancer as a national public health problem. Since then, each April the Women's Field Army conducts an intensive nation-wide educational campaign.

The American Society for the Control of Cancer, through the Women's Field Army (the applied educational arm), conducts an all-year-round program of public education to inform everyone of the early symptoms and to emphasize the fact that cancer can be cured if it is discovered early and treated promptly.

In its work, the Women's Field Army has the approval and support of the American Medical Association, the American College of Surgeons and the U. S. Public Health Service. It has the cooperation of large national women's organizations and the guidance of state and local medical societies.

WHAT IS CANCER?

Cancer is primarily a disease of the middle aged and elderly, but children also die of it. The bones and kidneys are often the site of cancer in children.

Of all the deaths of men and women forty years of age and over, one out of every seven is caused by cancer.

Cancer is not due to a germ, therefore it is not "catching." It is neither infectious nor contagious. Cancer is not inherited, but it is believed that a tendency to produce it may run in certain families.

It is believed that the most common forerunner of cancer is chronic or prolonged irritation of tissues. But what acts as an irritant in one case may not have that effect in another. However, it is known that ultra-violet rays of sunlight are one of the most important factors in skin cancer. This has been proved in laboratories. Also there is a high incidence of cancer among farmers and sailors who have had considerable exposure to sunlight, to the elements and to extremes of tempera-

ture. Pigment of the skin of the individual affects to a large degree his susceptibility to cancer. Negroes, for example, rarely get skin cancer. Irritants found in some occupations can also cause cancer. A well known example is the high incidence of cancer of the bladder among people who use certain aniline dyes.

In men, cancer of the stomach is the greatest cause of death. The prostate gland and the intestines are the next most fatal sites.

SURGICAL FACTS IN FIGHTING CANCER

Surgery in the treatment of cancer has progressed so greatly that no longer is it unusual for a surgeon to remove an entire lung. There is a surprising number of persons —both men and women—alive and well today after such an operation.

The American College of Surgeons has records of more than 36,000 persons who have been cured of cancer. "Cured" means no signs of cancer have recurred in the patient at least five years after operation or treatment.

PROTECT YOURSELF AGAINST CANCER

The best protection against cancer is an annual or semi-annual examination. The fact that a person feels well means nothing.

Watch out for these early signs of cancer:

★ **Any persistent lump or thickening, particularly in the breast.**

★ **Any irregular bleeding or discharge from any body opening.**

★ **Any persistent and unexplained indigestion.**

★ **Any sore that does not heal normally, especially about the tongue.**

★ **Any sudden change in the form or rate of growth of a mole or wart.**

★ **Any persistent hoarseness or cough, not explained by a cold.**

STAY AWAY FROM QUACK DOCTORS

Since cancer was first recognized by the ancient Egyptians somewhere in the neighborhood of 5,000 years ago, medical men and scientists have been searching diligently for a cure. As yet, however, no specific treatment for cancer has been discovered with the exception of radium, x-ray and surgery.

But the cancer quack still promises to cure cancer with pastes, salves, potions or pills, and some even go so far as to attempt its treatment by such mysterious means as the laying on of hands or resorting to other "mumbo-jumbo" methods.

Few diseases have afforded a more fertile field for the quack doctor than has cancer. If you value your life, you are urged to stay away from these persons who promise quick, certain cures of an ailment that has so far baffled science.

If there is a question in your mind—go to your private doctor. Use common sense when considering tempting cure-all remedies. If medical science hasn't discovered a specific treatment for cancer, the quack who operates furtively certainly hasn't anything better to offer—will only prolong your seeking bona fide treatment from a bona fide medical practitioner.

RADIUM IN THE TREATMENT OF CANCER

by **LUCIEN Y. DYRENFORTH, M. D.,** *member*
Medical Advisory Committee, Duval Chapter
Women's Field Army—The American Society for the Control of Cancer

This short presentation outlines the generally known uses and actions of radium in cancer therapy.

Radium, x-rays and surgery are the methods employed by the medical profession for the destruction of cancerous growths. If a malignant tumor can be treated successfully by surgical means, that of course, is the method of choice. In certain instances, depending upon the location and nature of the cancer, surgery is augmented by the additional use of one or the other of the two agents x-rays or radium.

Radium and x-rays are identical in this therapeutic, or curative, action; but not in every case are they interchangeable. For instance, radium salts or emanation cannot be applied to inaccessible parts of the body.

Radium is the better agent in certain cases because it can be applied as a continuous treatment over a period of time, such as in cancer of the uterine cervix.

The efficacy of radium as a therapeutic agent depends upon a destructive action on tissue cells, because of the high frequency and penetrating power of its invisible rays. Just as the actinic rays (including the ultra-violet rays) or ordinary sunlight are harmful to tissues, producing sunburn, so are the emanations of radium. But radium emanations, or rays, are much more penetrating and destructive than these two comparatively mild agents.

Radium is a white metallic element, just as are silver and platinium, but it does not exist in the pure metallic state; and neither is it necessary to have it so for our purposes. It is almost the heaviest of all known chemical elements. Only thorium and uranium are heavier, and these are also known as

radioactive substances. A radioactive substance is one that gives off emanations of high speed particles, known as alpha, beta and gamma rays, which differ from one another by their varying speeds of passage through space. X-rays are somewhat similar emanations, except that where radium rays are the natural products of the slow disintegration of a radioactive substance, x-rays are "manufactured" by the bombardment of a metallic target by ordinary high voltage electrical current in a vacuum tube.

Radium and the radioactive elements are fascinating subjects for study. Since the discovery of this strange phenomenon by Becquerel in 1896, a number of elements have been found to possess the property, but not so strongly as radium and uranium. The latter may be called the "mother element," for we know that its slow disintegration ends in the production of lead. So that the old alchemists were not so crazy after all, in trying to transmute base metals into precious metal: it is in fact a natural process, the full story of which a future generation may unravel.

Radium radioactivity was discovered when a piece of pitchblende, the ore containing radium, was wrapped in black paper and a photographic plate exposed to it. The other radium ore, carnotite, is found in western United States and Canada. The Belgian Congo yields high grade pitchblende.

In the strange life of the radioactive elements, radium is formed from the slow disintegration of uranium. The alpha rays become helium, a gas like hydrogen, used to inflate lighter-than-air aircraft. Uranium also breaks up into helium, and lead, after thousands of years. Since these stable atoms of helium and lead can be measured and compared with the amount of uranium which has *not* disintegrated, it is possible to determine how long it has been since the mineral was formed. Analysis of radioactive minerals, by this method, collected from the oldest known granite rocks (belonging to one of the earliest geologic ages, called the Archeozic) indicate that the age of these rocks is about 1¾ billion years. Thus radioactive substances are important to geologists in establishing the age of the earth and its formations.

Radioactivity of radium decreases about 1% in 25 years. The disintegration of these substances is spoken of

as "half-periods." Radium is said to have a half period of 1,590 years, while radium emanation has a half-period of about 4 days.

The gamma rays, which are the ones for which radium is useful in cancer treatment, are like x-rays, but are more penetrating. The presence of gamma rays from 30 milligrams (about one-thousandths of an ounce) of radium can be detected by recording instruments after passing through 30 centimeters (1 1/5 inches) of iron. Workers in the refining of radium are protected by thick lead screens.

Radium emanations are used by collecting these emanations in very small capsules made of gold or platinum. The emanation is actually a gas, and can be pumped off the source, which is usually the bromide of radium, and stored in such capsules. The amount of radium emanation to be administered can thus be controlled, for after the metallic capsule is exhausted, no more is available.

These capsules are fitted with a long thread at one end, so that they can be more readily seen and handled. When radium is to be inserted, say, into the cervix, these threads hang free and can be easily located.

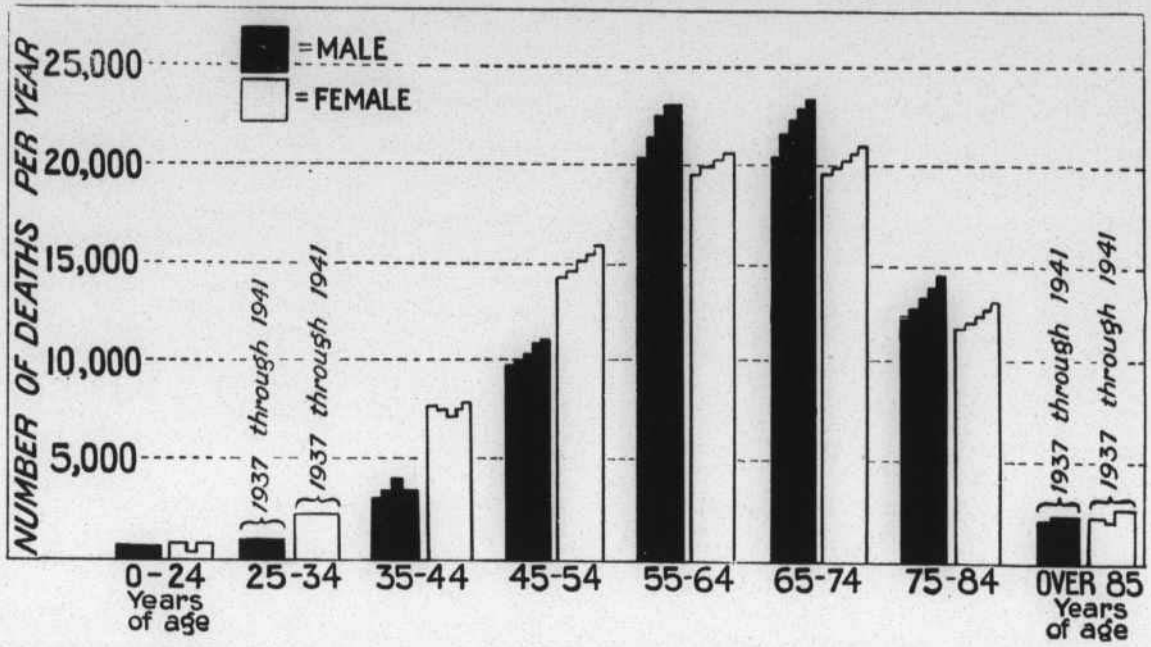
Radium treatment is given on the basis of so many "milligram hours," that is, the equivalent exposure (of the selected tissues) produced by the application of milligrams of radium per hour. This obviously, has been carefully determined, and the resulting action is known, figured on the relationshp of the emanation to 1 gram of radium.

In destroying cancer cells, radium rays necessarily also destroy other cells in the neighborhood, but the activity is confined to a relatively small area and it is important to reach the malignant cells that are beyond the actual tumor area. The same thing happens in surgery; good tissues in the neighborhood of diseased tissue must be removed to insure a complete excision.

Radium is also used in "radium packs," for application to outside skin surfaces such as the lips and nose.

In its final analysis, the action of radium emanations is to cause the death of the cancer cell, which is more susceptible to such destructice action than normal tissue cells. The dead cell is absorbed as in any other body process, and cannot reproduce itself.

ANNUAL CANCER DEATHS BY AGE GROUPS — 1937 through 1941



One of the reasons that radium treatment is successful in destroying malignant cells is that rapidly growing tumors are the most sensitive to emanations. For example, lymphosarcoma which is a very rapidly proliferating tumor of the glands, melts like snow under the influence of x-ray and radium; while skin cancers on the other hand, are not nearly so radio-sentitive and require more heroic measures for their eradication. Therefore, for most purposes of explanation, the more rapidly reproductive growths are the *most* radio-sensitive, and the more slowly growing kinds are the *least* radio-sensitive.

Malignant growths are not the only ones that are treated by emanations. Very often fibroids of the uterus and even large corns (plantar warts) receive such treatment.

The ultimate fate of the tissue which has been exposed to irradiation is its replacement by scar tissue. Radium, like lead, follows calcium in its metabolism in the body. About 90% of excreted radium is in the feces; but this statement refers to radium which has been absorbed by radium workers, since the small amounts administered for cancer are practically limited to the outer portions of the body.

Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • MAY, 1944 • VOL. 36 • No. 5

Florida HEALTH NOTES

ESTABLISHED 1890

ACCREDITED HEALTH UNITS

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Sumter	Bushnell
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
T. H. D. Griffitts, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elsie D. Withey,
Acting Director

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

In keeping with Governor Holland's and President Roosevelt's appeal for recognition of and concentrated action in Child Health problems during May, the Bureau of Maternal and Child Health dedicates this issue of Health Notes to one of the State's great responsibilities - - -

CHILD HEALTH

EMERGENCY MATERNAL AND INFANT CARE PROGRAM IN FLORIDA

by **LUCILLE J. MARSH, M. D.,** *Director*
Bureau of Maternal and Child Health

The request for funds to care for wives of enlisted men first to the Washington State Health Department in the summer of 1941 when the Commanding Officer for Fort Lewis asked for assistance in obtaining maternity care for the wives of enlisted men at that post. Most of the wives were very young and a long way from their homes. It seemed apparent even then that help would be needed in planning for their care.

During the summer that state health agency provided for the organization of a program of antepartum, delivery and postpartum medical, hospital and nursing care. Payments for doctor and hospital were allowed. Arrangements for public health nursing service and a social worker were also made.

At a conference of State Health Officers, meeting with the Children's Bureau in Washington in March, 1942, funds were requested for use as grants for these special projects. The need was so urgent that by December of that year, 25 states had initiated programs but did not have sufficient funds to continue them for more than a few months.

In June 1942, Dr. Robert C. Hood, director of the Florida State Board of Health's Maternal and Child Health Bureau, had worked out a temporary hospital agreement whereby the State Board of Health would pay a stated sum toward the hospitalization of maternity-case-wives of service men in the lower pay grades. This plan had been approved and was well under way in St. Luke's and Brewster Hospitals, Jacksonville, and Nassau County Hospital, Fernandina, by the time Congress finally appropriated a sum of money for a national program.

MODERN MADONNA

Typical EMIC patient, 19 year old Mrs. T. M. Tegeder, Lockhart, Florida, and 12 day old Thomas Michael, getting acquainted at the Florida Sanitarium, Orlando. Her husband is a pharmacist mate—address unknown.—*Staff photo.*

The State Board of Health then prepared the Florida plan for proposed administration of the Federal appropriation. It provides the obstetrical care of wives of service men in the four lower pay grades in all branches of services, and went into effect in the State on June 4, 1943.

Under the provisions of the Florida Emergency Maternity and Infant Care program, hospitals are paid on the basis of a cost statement for as many days of hospitalization as the attending physician may deem necessary during the prenatal or six weeks' postpartum period, as well as during delivery and the immediate postpartum time. Many of the wives in Florida are delivered by physicians in the Armed Forces. In areas where these are inadequate to care for the number of cases, the civilian physicians have generously offered to cooperate with the program at a very moderate fee. Extra services such as x-ray, bedside nursing where absolutely needed, ambulance service, etc. are also paid for at rates prevailing in the community.

Infants up to one year of age of service men in the lower four pay grades are provided for. Infants acutely ill can be hospitalized if hospital space is available. Medical care can also be paid for the sick baby. The well babies are given immunization and supervision through clinics whenever possible or from private prysicians if no available clinics exists.

The plan has grown very rapidly. The wave of maternity and infant cases in Florida has taxed the existing facilities to care for them. To date, we have over 6,000 cases on the list, with applications coming in daily. More than 1,500 mothers have already been delivered.

The response of the physicians and hospitals in Florida to the existing need has been in the best tradition of our State. In a comparatively short time, through their cooperation, many of the details arising in the administration of a new program of this magnitude have been ironed out. The intent of Congress in trying to give the enlisted man some ease of mind, while he is in the service either here or overseas, by providing maternity care for his wife, and medical care and supervision for his child under one year of age, is being carried out as smoothly and as rapidly as humanly possible.

THE WELL BABY CONFERENCE

by T. K. WAERING, M. D., *Health Officer, Duval County*

Modern society feels a growing responsibility to children, no matter whose they may be. This trend, started many years ago, is reflected in our progressive programs of education, delinquency prevention, and health protection. Child Hygiene attempts to bring every child an equal chance to secure the benefits of modern preventive medicine; and it aids in developing the child's mental and physical health with the same potentialities, since inheritance exerts a strong influence. Nevertheless, Child Hygiene endeavors to improve on every child no matter what his inherited constitution may be and can guarantee freedom from certain diseases if its methods are used in time.

Public health agencies do not have a monopoly on Child Hygiene. The practicing physician and pediatrician apply these same principles to their little patients whenever such procedures are indicated. For those, however, who are not able to secure such services themselves, society has developed the **Well Baby Conference**, found in every **county health unit,** where infants may come under periodic medical supervision during the trying first year of life. Thus every infant is given an equal opportunity, the responsibility resting with their parents to take advantage of such services. Preventive pediatrics has much to offer the wise parent.

A well balanced diet is essential for normal growth and development. It is the function of the pediatrician to work out the proper diet for the growing infant; to indicate when he should be weaned from the breast; to prepare the right formula; to determine what and when new foods should be introduced; and to add the supplementary foods lacking in the infant's diet. Infant feeding is not to be taken lightly and should be under the supervision of one who keeps abreast of the latest developments in this field; the child who is allergic to certain foods, the premature infant, the chronic vomiting case, the dehydrated case, all require careful and painstaking analysis of the diet to arrive at a happy outcome. That infant feeding has

Certain communicable diseases can be entirely eliminated through immunization. Woe to the mother who fails to protect her infant against smallpox or diphtheria. She can expect no sympathy today for her neglect. Though pediatricians differ as to the time these immunizations should be given, most will agree to a schedule that calls for smallpox vaccination as early in life as possible and before the sixth month; whooping cough immunization at sixth month of age; two doses of diphtheria toxoid beginning with the ninth month to be followed by a Schick test from six weeks to three months after the last injection. The important thing is that the infant should be completely immunized against these three diseases by the end of the first year. Typhoid fever immunization is not recommended at this time.

It is the function of the Well Baby Conference, through its pediatrician and public health nurses, to recognize any abnormal symptoms or signs indicating incipient organic or mental disease; and deviation from the normal that can be corrected before the condition becomes too well established. Indeed the purpose of the perioric medical examination is not only to assess growth but to discover such conditions as may not be evident to the parent — congenital heart lesions, unsuspected tumors, herniae — that can only be brought to light through trained eyes and ears. To establish sound habits or regularity in feeding, sleeping, evacuation; to educate parents in child hygiene and assist them in many of the behaviour problems that run over into the preschool age; these are all services that are rendered those who make use of the Well Baby Conferences.

The important thing to remember is that every infant today has an opportunity to secure these benefits, whether they be through a private pediatrician or through a **Well Baby Conference,** depending on the effort of its parents. One word of caution: do not bring sick infants to a Well Baby Conference.

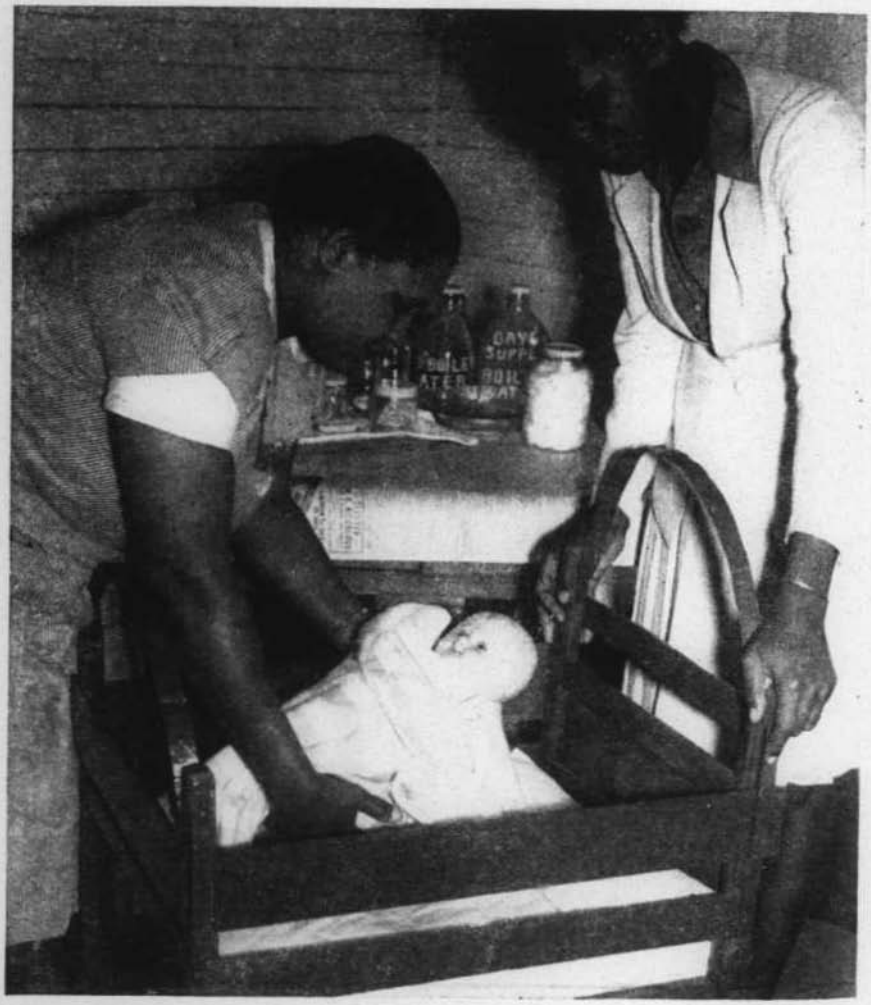
come a long way from grandmother's day is evidenced by the robust, healthy youngsters of today, all of whom are physcally superior to their parent generation.

This six months old tyke, daughter of Lt. and Mrs. David Donovan, Jacksonville, is an example of the type child that visits Well Baby clinics in Florida. Examining physician is Dr. Cornelia Carithers.—*Staff photo.*

Dietary deficiencies, such as rickets, scurvy, pellagra, should always be vigorously combatted and it is the pediatrician who can guide the parent in the selection of reliable, tried, preparations in this age of vitaminized hot-air.

MORE THAN 500 LICENSED MIDWIVES—

are now plying their practice in Florida. Of this number 65 are white—11 are certified nurse-midwives—and the remainder are the "granny-type," usually teachable and eager to be "correct" in their technique. (continued on page 92)



One of Hillsborough County's certified nurse-midwives. She is impressing upon her patient the importance of the child having a separate bed. Midwives of the Health Unit built the bed in picture—often help patients to build their own.—*Staff photo.*

NUTRITIONIST VERA WALKER INSISTS THAT —

It still takes just as long, and just as much medical care and good food to produce a healthy baby today as it did when grandpa was born.

Overworked doctors are giving the best possible care to the thousands of new mothers and babies, but they cannot do it all. The mothers themselves must help by keeping themselves healthy if they would produce a husky baby.

More and more we are realizing the importance of the mother's diet in maintaining her health and strength during pregnancy, in producing a baby with an excellent physical condition, and in assuring an adequate supply of good quality breast milk. We know that healthy babies can't be made from "coffee and doughnuts" or "hot dogs and cold drinks." It takes milk, eggs, lean meat, and plenty of fruits and vegetables to give the baby the start in life that he deserves.

Unless her physician has put her on a special diet because of a special condition, an expectant mother should eat the following foods every day:

- **a quart of milk or its equivalent in evaporated or dried milk**
- **an egg**
- **a serving of lean meat, fish, or chicken. Bacon and fat meat should not be counted as meat.**
- **4 or 5 servings of vegetables and fruits. One serving should be green or yellow. Leafy vegetables are especially valuable. One serving should be citrus fruit, tomatoes, or some other good source of vitamin C such as canteloup, strawberries, guavas, or raw cabbage.**
- **2 or more servings of whole grain or enriched bread and other cereals such as oatmeal or brown wheat cereal. These cereals are more nutritious than grits or rice.**
- **butter or fortified margarine in moderate amounts. In addition, most physicians recommend cod liver oil or some type of concentrate of vitamin A and D.**

Mothers and babies get along better if the mother does not gain more than 20 or 25 pounds during pregnancy, unless she was underweight before the onset of pregnancy. If she gains too fast, or makes a sudden gain, she should see her physician immediately. A sudden gain in weight is often a danger signal which should not be disregarded.

Weight can usually be controlled by using more green vegetables and fresh fruits, and less bread, cereals, and fats (including fat meat), and fewer desserts. It may be necessary to use skim milk or buttermilk in place of whole milk, but milk in some form should be used.

Recognizing the special needs of pregnant women, ration boards will allow extra points when they are needed to provide an adequate diet. The application for supplementary points must be signed by the attending physician.

In addition to a good diet, prospective mothers should have plenty of rest and sleep, regular habits of elimination, and moderate exercise out of doors raily. They should, of course, be under the care of a physician, and should see him regularly.

(continued from page 90)

Those operating in counties served by health units are supervised by the directors and the units' nurses. Those in unsupervised districts however, are under the supervision of Jule Graves, R. N., Midwife Consultant, State Board of Health.

Many doctors declare the midwives are capable of carrying on this badly needed form of work, particularly since so many private physicians are now in the armed forces. Some counties are completely without medical aid, and great dependence is placed upon the midwife.

Monthly meetings are held at the county health units where each midwife's equipment is checked for cleanliness and possible need of supplies. County nurses and some school nurses are invaluable in helping them with their immediate problems. Groups of midwives who have no direct county supervision often form study clubs in order to keep "modern" in their delivery technique.

On January 1, 1943 the Florida law licensing midwives, went into effect. They now hold permanent licenses unless revoked for misdemeanor on the practioner's part. Each individual must be recorded yearly— the application accompanied by a report of a recent physical examination.

Many of the old midwives, at the end of long useful service, are given honorable discharges from midwifery. One city midwife who recently received her discharge— at 76— declared, "I ain't lost airy mother or baby."

EXTENDED SCHOOL SERVICES PROGRAM IN FLORIDA

by MRS. DORA SKIPPER, *Director*
Extended School Services Program State Department of Education

At present there are 97 pre-schools in Florida which provide programs caring for the physical, mental, emotional, and social needs of 2,608 children of 2 to 5 years, inclusive. Some of the schools operate from 9 o'clock to 4 o'clock, while others operate 12 hours daily. In addition to the pre-schools, there are 23 school-age units.

Many factors have contributed to the development of this program of Extended School Services in Florida. The general plan has been to work with state and local county officials in making plans for surveying needs and planning programs of child care ;to use the agencies already at work on child care, and thus, by coordinating all efforts and allocating responsibility clearly to each agency, develop a unified program centering around child care; to work out a cooperative plan of work between the State Welfare Board, the State Board of Health and the State Departmnt of Education whereby the programs for child care of each would supplement and not overlap, and to work with teacher training institutions in planning for a pre-school conference which would assist in training teaching personnel.

Similarly, certain basic guiding principles have been used in developing the program. They have included determining on the basis of individual needs the total program for children which should be a product of over-all community planning; enriching and amplifying children's experiences and deepening their interest; including in the program such needs as physical health, sense of security, and general social emotional well-being; making the program an integral part of the regular school system and the cost for services comparable to other services to children provided by the same school system; making standards for services comparable with those set up by the U. S.

Office of Education for Extended School Service programs; planning for opportunities for building and understandings and wholesome relationships between parents and children, parents and teachers, and school and community; insuring care in selecting and guiding personnel with adequate professional training and keen sensitivity to needs of children and adults by:

"Soup's on," at the Brentwood nursery, Jacksonville, for these and 40 other youngsters from two to four and a half years of age. Their mothers—all working in essential industries. Nursery is under supervision of Mrs. Naomi Porter.—*Staff photo.*

(1) employing teachers by county school board in the same manner as are other teachers in the county

(2) maintaining certification requirements the same as for the elementary and kindergarten teachers and granting emergency certificates as for other teachers.

(3) paying comparable salaries for the same type of service as teachers in the regular school system with the same qualifications, and computing salaries for such work on a yearly basis

(4) and entitling teachers to membership in the Retirement System of Florida provided they are properly certified and provided they are paid from public funds.

The problems involved in the Florida program at present are securing trained personnel, developing an educational and informational program to inform parents and the general public of the educational as well as the custodial values of the Extended School Services program and the necessary expenses involved in such a program; making some plan to insure

Morning inspection in the West Palm Beach nursery school under the supervision of Mrs. Marion Dodge.—*Photo by Robideaux.*

local school officials of a satisfactory financial plan; securing the necessary services for assisting the mothers in determining whether it is more advisable to stay at home and care for her children or to secure work; acceptance by families in making satisfactory provisions for the day care of children both in preschools and in foster day programs and assistance with adjustments in family life which are necessary because of the mother working or because of war conditions.

A TRIP TO THE DENTIST —

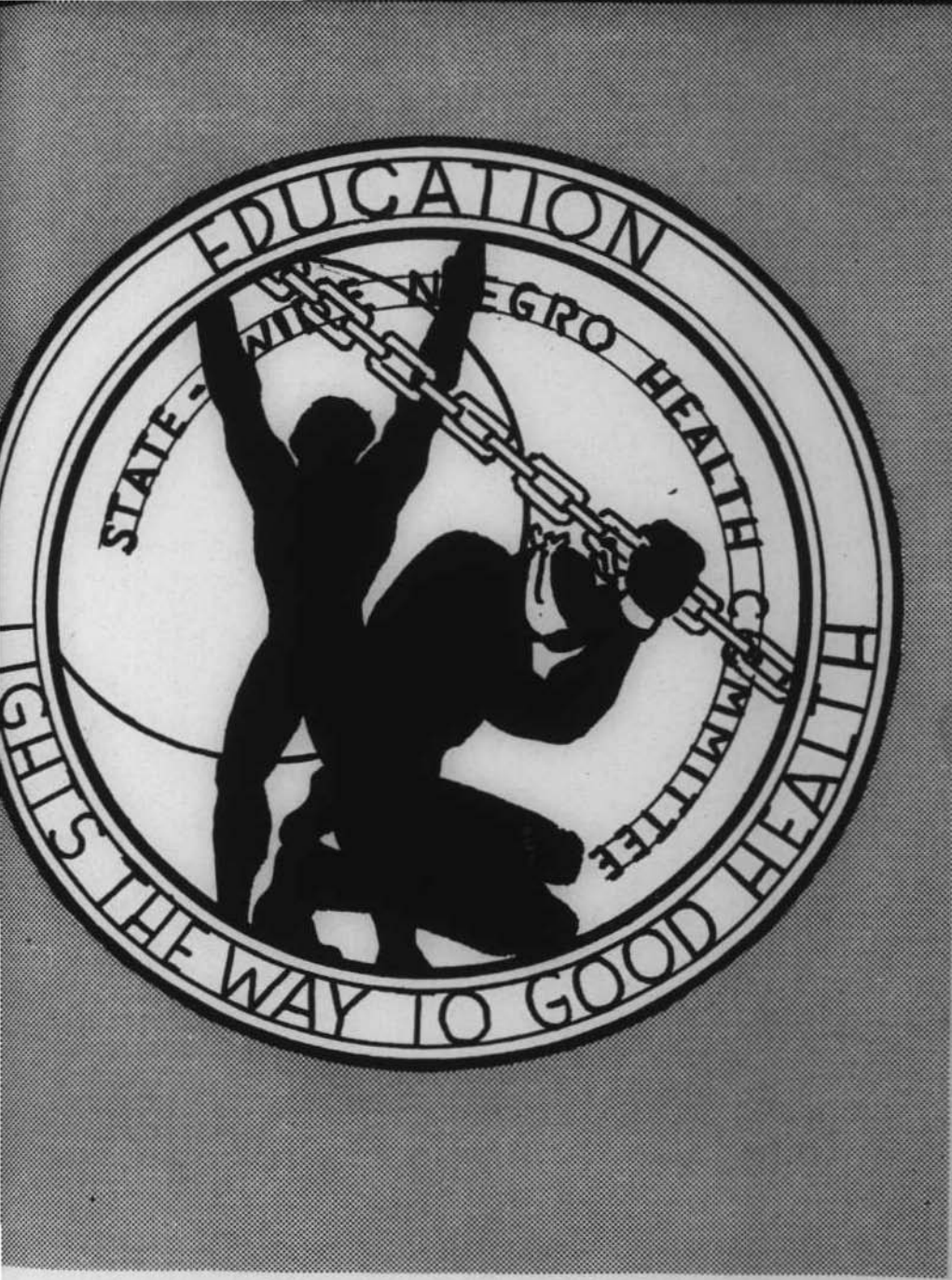
holds no terrors for these children and is the typical result of Dr. Turner's efforts to instill in his small patients the trust and confidence so necessary for a successful dental program.

These pictures are of an inspection visit to the Hogan school, Duval county, in cooperation with a special dental campaign sponsored by the County Health Department.—*Staff photo.*

The State Board of Health's completely equipped dental office on wheels, under the supervision of Dr. D. H. Turner, acting director of the Bureau of Dental Health, is maintained for indigent preschool and school children through the 6th grade; indigent prenatal and postpartum patients and indigent emergency patients. General inspection visits to schools are also made in connection with special programs of local health units.

Only patients recommended by welfare workers, a public health nurse or a local dentist are eligible for treatment in the state-maintained dentomobile.

Cover Girl from Brentwood Nursery, Jacksonville.



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • JUNE, 1944 • VOL. 36 • No. 6

Florida HEALTH NOTES

ESTABLISHED 18

Hon. Spessard L. Holland
Governor of Florida

BOARD MEMBERS

Herbert L. Bryans, M.D., President ..... Pensacola
William Parr, Ph.G. ..... Tampa
Robert B. McIver, M.D. ..... Jacksonville

Henry Hanson, M.D. ..... State Health Officer

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
T. H. D. Griffitts, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elsie D. Withey,
Acting Director

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

ACCREDITED HEALTH UNITS

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Sumter	Bushnell
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.


EDUCATION
LIGHTS THE WAY TO GOOD HEALTH

This issue of Health Notes is dedicated to the Negroes of Florida as a tribute to the splendid manner in which they have organized to accept the responsibility of controlling diseases among their own.

It has been with the greatest enthusiasm that professional, educational, business and civic groups from Key West to Pensacola have met with representatives of the State Board of Health to make plans for fighting diseases that daily undermine and hamper their progress.

Nor has the work stopped with planning—it has radiated from a State-wide Committee level to the smallest village and has been put into motion by local groups whose members are just as conscious of the need for controlling diseases in their midst as health officials would have them be.

Particularly have the schools approached the problem of health education with a zest that is constructive and far-reaching. The Negro insurance companies, the churches, the longshoremen and shipyard workers, block leaders and beauticians—every group has welcomed the opportunity for guidance in its program destined to produce better health through a broader understanding of the necessity for healthful practices in living.

This is to wish you continued success in your efforts to control disease and to promote better health in your respective communities.

The Bureau of Health Education of the State Board of Health wishes to express appreciation for the close cooperation of Mr. D. E. Williams, Supervisor of Negro Education of the State Department of Education, regarding health education activities conducted in Florida's Negro Schools.

3. The school health education program through which the Bureau of Health Education would

   (a) work with the State Department of Education and teacher training institutions giving prospective teachers facts and information about health problems

   (b) discover, through surveys, specific health needs of high school pupils and thereby give practical assistance to teachers in planning health instruction to meet these needs.

Four major health problems have been given consideration: tuberculosis, nutrition, maternal and child health, and venereal diseases. Education in the control of venereal disease has been given number one emphasis because it has been the number one problem. Fundamental at the outset was getting the facts to all groups. We have approached this program from an objective point of view, making an effort to develop the necessary attitudes in respect to the need for health education, including health services, that would produce the maximum in physically fit citizenship among our citizens, especially our youths.

Our colleges have given excellent assistance with this program. Florida A. & M. College, Bethune-Cookman and Florida Normal have included venereal disease information as a part of their health curricula. These institutions have given special attention to the health of their students and, in connection with students preparing to teach, have offered such information and facts as will equip them with a background sufficient to develop projects in health education which they will pass along to the children whom they will eventually teach. Venereal disease has been a definite part of health instruction as outlined in workshops, conferences, forums, and student organizations.

The Negro teachers of Florida already in service have been most interested and eager to obtain the facts about communicable diseases. Films from the State Board of Health and United States Public Health Service, pamphlets, speakers, and original literature have served as sources of materials for disseminating facts to all groups. The physicians' and nurses' organizations have given professional assistance.

INTRODUCTION TO THIS ISSUE

by MARGARET L. BLAKE
Consultant for the Negro Program, Bureau of Health Education

Organization for health education among Negroes began in May, 1942. The program was planned on the basis of a three point approach, to include:

1. Health education service to Negroes through County health units and venereal disease clinics.

2. Adult education in healthful living through community organization and health conferences with Negro business leaders, church and civic groups, cooperation with State and local defense councils, and the State program of physical fitness.

The Afro-American and Central Life Insurance Companies are two Florida institutions which directly touch more individuals at regular intervals than could be reached through any other source. Their interest in health education has been from the standpoint of both business and community welfare. Presidents James H. Lewis, Afro-American, G. D. Rogers,

These insurance executives are responsible for the distribution of health pamphlets through their agents to more than 150,000 policyholders in Florida. Left to right: E. L. Simon, Atlanta Life, Robert R. Stewart, Afro-American, and Roland J. Yates, Central Life. —*Tampa Times Photo.*

Central Life, and E. L. Simon, Assistant Agency Director for Florida for Atlanta Life, provided funds for materials used in a series of printed pamphlets in facts about venereal disease. This literature was designed and edited in the Bureau of Health Education and printed by the Florida A. & M. College printing department. Several thousands of these pamphlets were requested by the Army VD Control officers in connection with their program. This contribution to health education received the attention and commendation of the U. S. Public Health Service.

The Agency directors of these companies made possible a series of conferences with agents who have served excellently as a means of reaching some of the tremendously large group of people whom we cannot reach through the church, school or civic organizations. The fine cooperation of district managers and their agency forces throughout the State has been

U. R. Thomas, agent for the Afro-American Life Insurance Company, presents a booklet on healthful living practices to one of his policyholders.—*Staff Photo.*

most valuable. The men and women in the field have made persistent efforts to inspire their clientele toward healthful living.

Fundamental in a health education program is the interest, information and actual participation of the minister. His attitude reflects that of the church and it is definitely essential in efforts to maintain perspective on the part of church people and general public opinion. In this connection the Bureau of Health Education welcomed the opportunity to give assistance in planning a series of discussions with ministers and lay groups during annual conferences held in 1942 and 1943. These discussions included both the medical and sociological phases of the venereal disease and tuberculosis problems. At each confer-

ence a sermon was delivered by an outstanding minister on the subject: "The Body, the Temple of the Soul."

Social Hygiene day and National Negro Health Week have been occasions where Negro citizens recognized and emphasized the need for more information and organization for better living. The Florida Medical, Dental, and Pharmaceutical Associations have cooperated in all areas wherever their services and guidance have been requested. The State Organization of Beauticians and Veterans of World War I have also given special attention to community health and social protection by their membership to participate in local efforts.

The State-wide Negro Health Committee, formed on Social Hygiene Day, plans to further coordinate the work of local communities on a state level, and to assist the Bureau of Health Education in producing materials for distribution, making possible a wider knowledge of health needs throughout the State.

To summarize: Many factors such as the low economic status of the Negro group, resulting in poor housing, sanitation, community and personal hygiene, and limited recreational opportunities for Negro youths enter the general health picture and thereby enhance the magnitude of the problem. However, definite inroads in health education have been made as the program continues. Public health and physical fitness are important to all Americans. No community is safe where its people are threatened with disease and where little attention is given to the underprivileged. We sincerely hope that this issue of *Health Notes* which is devoted to the Negro program sets forth some of the objectives and ideals toward which we have worked, and that its contents will serve the purpose for which they are written here.

ATTENTION: NEGRO PHYSICIANS

The twelfth annual graduate course for Doctors of Medicine will be held at the George Washington Hotel, Jacksonville, June 19-24.

Last year more than one-fourth of Florida's Negro physicians atended this course. Will you be on hand this year, too?

THE ORGANIZATION AND PURPOSES OF THE STATE-WIDE NEGRO HEALTH COMMITTEE

by **RICHARD V. MOORE.** *Chairman*
Principal, Rosenwald High School, Panama City, Florida

The extreme need for a definite organization, state-wide in scope, for assisting with the control of diseases rampant among the Negroes, has been clearly recognized and acted upon by Negro leaders in our State. On February 2, 1944, National Social Hygiene Day, a most significant meeting on this problem was held at Bethune-Cookman College. In the words of the presiding chairman, President James A. Colston, "This first Negro health conference was a significant landmark toward improving the lives of our people and encouraging better leadership in health education."

More than 150 Negroes, including midwives, beauticians, defense workers, physicians, nurses, teachers, school supervisors, college presidents and deans, insurance executives and agents gathered from every section of the State to discuss community ways and means for controlling venereal diseases.

The problem was discussed from many angles by such authorities as Dr. W. A. Mason, of the American Social Hygiene Association; Dr. Henry Hanson, State Health Officer; Nelson Jackson, Regional Representative of the Division of Social Protection, Federal Security Agency; Dr. Lucille J. Marsh, Director of Maternal and Child Health at the State Board of Health; Dr. R. F. Sondag, Director of Venereal Disease Control, State Board of Health; and Mrs. Vivian N. Kennedy, Assistant Superintendent of Women, Deer Lake Isolation Hospital.

The late President J. R. E. Lee, of Florida Agricultural and Mechanical College, spoke on the far-reaching implications of these health problems as viewed from the statistics and reports made by health and social agencies throughout Florida and the nation.

Reports from the delegates of already organized Negro citizens' wartime health committees in Tampa, Jacksonville, Miami, and Pensacola re-emphasized the need for central organization and a wider scope for educational activities. As a result of these discussions, Dr. William H. Gray, President of the Florida Normal and Industrial Institute at St. Augustine, summarized from the floor with these remarks: "Today definite health problems have been pointed out, their nature exposed and various solutions discussed. Now is the time for considering the ways to continue this work on a stable basis and to carry our ideas back to our various communities where something can be done about it. What we have learned today places responsibilities upon us. With responsibility comes opportunity. We must reach all groups, denominations, and forces in our communities, since these health problems are so intricate and involved. We need a centralized committee, strong enough to send out effective information and to steer the work."

Thus the State-wide Negro Health Committee was formed to work toward the following objectives:

★ **Through public relations—to develop an attitude of interest, on the part of all citizens, based on sound understandings of the general health problems which exist in Florida and to work toward correcting these problems by improving the conditions which have caused them**

★ **Through education—to teach the facts about communicable diseases and the leading causes of illness and death to all groups, using radio, newspapers, literature, and speakers**

★ **Through guidance—to promote essay and poster contests that will produce useful literature on community health problems and motivate high school and college youths toward professional interests in health education**

★ **Through a health tag sale during National Negro Health Week—to establish a scholarship fund to assist a selected student graduating from a Florida Negro College in securing graduate work in health education**

★ **Through coordination—to work closely with the Florida State Board of Health and the Florida Tuberculosis and Health Association to further unify the organization by appointing district chairmen who will be responsible to and for local committees**

★ **To hold an annual meeting on National Social Hygiene Day**

Officers elected were: Chairman, Richard V. Moore, Principal, Rosenwald High School, Panama City; Vice Chairman, Ernest E. King, Dean, Edward Waters College, Jacksonville; Corresponding Secretary-Treasurer, Vernon C. McDaniel, Principal, Washington High School, Pensacola; Recording Secretary, Mrs. Florence L. Dyett, Bethune-Cookman College, Daytona Beach; Public Relations Chairman, Mrs. Vivian N. Kennedy, Ocala; Margaret L. Blake, Health Education Consultant for the Negro Program, Bureau of Health Education, State Board of Health, was elected to serve in an advisory capacity.

The ten district chairmen who were selected at a later meeting of the Committee are: District 1: R. T. Gilmore, Marianna; District 2: Mrs. Mary J. McCoy, Lake City; District 3: Chester Cowart, Jacksonville; District 4: Mrs. Alice Mickens, West Palm Beach; District 5: Charles L. Williams, Miami; District 6: E. C. Hampton, M.D., Ocala; District 7: J. D. Mather, Bradenton; District 8: The Rev. W. F. Foster, Tampa; District 9: Mrs. Evelyn Sharpe, DeLand; District 10: S. W. Curtis, Clearwater.

As chairman of the State-wide Negro Health Committee I wish to make a sincere appeal to all our citizens of Florida to work with us in this program. The Committee is yours for service and needs your interest. We shall welcome your suggestions at any time and we want every community in this State to be represented.

THE MINISTER, THE CHURCH, AND HEALTH EDUCATION

by The Rev. W. F. FOSTER,
Pastor, Allen Temple, A.M.E. Church, Tampa, Florida

The ministers of Florida are tremendously interested in the health and welfare of the people of Florida. They are interested in cooperating with the program as outlined by the Bureau of Health Education. We feel that the church is a definite channel through which attitudes and objectives toward major problems in health should be developed and carried into the home.

Major health problems, specifically the venereal diseases and tuberculosis, were brought to our attention in a most significant way two years ago and facts were presented that offered a definite challenge to the church people, placing upon them equal responsibility to be shared with the schools and all health and social agencies. Wherever annual conferences were held representatives of the State Board of Health and The Florida Tuberculosis and Health Association were present to set forth the need for ministers and laymen to know the facts.

As ministers we are cooperating with the health education program. There should, however, be a more concerted effort on our part to make and execute definite plans. Each minister should set apart a "health day" in his church during which time a special health sermon should be delivered, appoint a health committee to work in his church community and request reports of the activities of this committee. The church, then, becomes a clearing house the same as other social agencies for disseminating health information to the people who will thereby benefit from such a program.

Statistics show that the venereal diseases are more prevalent among Negroes than any other group in Florida. This does not mean that they are not a problem with which our total society is concerned, for the venereal diseases, like many other diseases, know no lines of color. The ministers and church

2000 NEGRO HEALTH WARDENS TRAINED FOR VENEREAL DISEASE CONTROL IN FLORIDA

Here are three of the 1,500 persons who received health warden certificates at the close of the V.D. instruction course sponsored by the Negro Wartime Health Committee in Jacksonville. Left to right: S. Eloise Brooks, teacher at A. L. Lewis Junior High School, "Bubba" Ford, and Eunistine Beville, student at Edward Waters College. Presenting the diplomas are Dr. J. P. Patterson, City Negro physician, Professor James H. Green, Secretary of the Committee, and Dean King, Chairman. *—Staff Photo.*

During the State Board of Health's State-wide campaign last January to control venereal diseases, Negro Citizens' Wartime Health Committee were busy carrying the story of the cause, prevention and cure of the venereal diseases to every possible individual through every possible educational channel.

Committees in three cities sponsored special schools to instruct leaders in methods of disseminating VD information. In Panama City, Gainesville and Jacksonville, more than 2,000 persons, representative of their respective communities attended schools of from two to five weeks' duration.

(Continued on page 123)

The Rev. S. A. Cousins, A.M.E. Church, one of the leaders in the ministerial group's program to disseminate information on the cause, prevention and cure of diseases among Florida Negroes.
—Tampa Times Photo.

people would welcome intelligent, well trained Negro policemen to handle the problem girls and young men who figure so prominently in this serious situation.

We cannot overlook the relationship between juvenile delinquency and the spread of venereal disease. We need parks, playgrounds, swimming pools, libraries, better theaters and other centers of recreation supervised by well trained personnel to bridge the leisure-time gap important to this problem. We strongly hope that officers of the law will rigidly enforce the curfew law in all cases.

(Continued on page 123)

PHYSICAL FITNESS FOR EVERY PUPIL

The Health Aim of Polk County Negro Schools

by **ROSABELLE BLAKE,** *County Supervisor, Polk County Negro Schools*

EDITOR'S NOTE:

Through a cooperative arrangement with the State Board of Health and the State Department of Education in Florida, four scholarships in health education were offered during the summer of 1942 and 1943 to teachers from Florida Negro public schools. Courses in child health problems were then available in the regular sessions at both Bennett College, Greensboro, and at the North Carolina College for Negroes in Durham, North Carolina.

The 1942 grants were made to county supervisors because it was felt that through them a larger group of teachers could be reached in a county-wide program. Mrs. Ella W. Griffin of Marianna (Jackson County) and Mrs. Rosabelle Blake of Lakeland (Polk County) were selected. The 1943 scholarships were issued to class room teachers because of the need for developing a health instruction program based on problems discovered through physical examinations and daily pupil observaton by the teacher. Mrs. Wilhelmina Rutledge of Jacksonville, and Mrs. Rosa K. Days of Palatka, were the teachers chosen.

The subsequent work of these teachers has already shown in their respective communities that this specialized training can result in more workable health instruction programs.

Jackson County teachers, under Mrs. Ella Griffin's leadership, have held a successful health conference. A general workshop in Polk County, directed by Mrs. Rosabelle Blake, has given special consideration to healthful school living.

The junior and senior high school teachers of Jacksonville, with Mrs. Wilhelmina Rutledge drawing on her special training, also set up specific health objectives toward which to work.

The following article gives an example of the manner in which the scholarship-teachers have put into actual practice their special training in health education.

The goal of the Polk County Negro schools' health program is PHYSICAL FITNESS FOR EVERY PUPIL. The teachers and I are endeavoring to accomplish this goal by directing daily health-inspired school activities for every child under our guidance.

We believe that the school lunchroom program plays the first and most tangible role in our every-day campaign

for more healthful living among the pupils. Each child is urged to eat a warm, substantial lunch, and the teacher is responsible for seeing that he does. The importance of adequate diets for health and learning is impressed daily upon every class, and therefore radiates into individual homes and communities.

Other health activities encouraged in the schools are:

- ★ **Health observations every morning in all primary grades.**
- ★ **Blood tests for syphilis from the fourth through the twelfth grades. (A few positive cases have been found in the elementary schools, most of which were congenital. A larger percentage was found in the high schools. In one of our large school centers the health department follows up these cases and gives free treatment to both child and parent.)**
- ★ **Movies on syphilis and gonorrhea have been shown in schools and in community centers.**
- ★ **Through the courtesy of the Florida Tuberculosis and Health Association and the State Board of Health, the mobile X-ray unit has visited our county. Many X-rays have been made. Follow-ups are made of those needing medical attention.**
- ★ **Teaching materials and lectures have been made available on tuberculosis and the venereal diseases.**
- ★ **For the past four years the Negro schools have taken part in a county-wide tuberculosis poster contest. The posters are made from Christmas seals, with each child or class submitting an original poster.**
- ★ **Our five high schools have taken part in the annual essay contest on tuberculosis. This contest has created great interest, stimulating the pupils and public to a greater awareness of this disease.**
- ★ **Vision tests have been made in all our schools. Many of our pupils found to have defective sight have been fitted with glasses.**

In stressing our health problems we have not forgotten to impress upon the boys and girls that a healthy citizen is a loyal one. The teachers and I are grateful that we are a part of this great State and Nation. We are also thankful that we are given the opportunity to render service where service is most needed.

FLORIDA TEACHER-TRAINING COLLEGES COOPERATE IN EXPANDING HEALTH EDUCATION WORK

by **FLORENCE L. DYETT,** *Instructor in Teacher Training*
Bethune-Cookman College, Daytona Beach

Recent developments throughout Florida in behalf of better health for Negroes have led to specific programs of health education in the colleges where teachers are trained and where in-service teachers go for extended study.

The State Board of Health realizes that the college through its contacts with teachers of many communities can render valuable service by disseminating balanced health information which the teachers can carry back to their respective districts, thus improving the health status of individual communities. Emphasis on health instruction can be closely related in college programs to the health service as a definite part of the curriculum for prospective as well as in-service teachers.

The teacher is an important force in the community and plays a feature role in the welfare of the race. Under her direct supervision are the children who are growing up to assume the parenthood of tomorrow. In many cases she molds the thinking of the community. Thus the school room continues to be the important medium through which information is channeled.

The Bureau of Health Education and the Division of Venereal Disease Control at the State Board of Health invited college personnel to participate in planning a definite health program for colleges. College instructors and heads of departments were eager to cooperate. Definite plans were soon launched to broaden the scope of health education in their curricula.

College instructors representing the fields of science, health education, biology, and physical education were called together by the State Board of Health to formulate a workable state-wide plan. Each representative enthusiastically returned to his college, ready to establish a program which would most effectively combat the most prevalent and dangerous diseases. Their first moves were to organize both students and teaching staffs so that the work would be a cooperative endeavor and have expression on the entire campus.

As a result of this ground work, class room study in Bethune-Cookman College, for example, has presented to the students of biology and science a balanced program of information on highly prevalent diseases such as syphilis, gonorrhea and tuberculosis.

Particularly has the word-of-mouth campaign against VD among the students spread in the community, with many voluntarily inquiring at the college for treatment. Nurse Viney Ford, of the College Health Service Department, working with Dr. R. D. Higgins, Director of the Volusia County Health Department, and with Dr. T. A. Adams, college physician, also comes in contact with many parents asking for further information on communicable diseases when she makes routine visits into the community. These calls are in connection with health service work at Keyser Practice School located on the campus for student teachers. Here, too, she has rare opportunities to check the home life and environment of the children attending the practice school. Nurse Ford's work is an ideal health link between the school and community at Bethune-Cookman.

Nurse Ford also assists with the weekly VD clinics held by the local health department, and cooperates with the director by making calls on maternity cases and following up tuberculosis suspects and contacts. Thus again she interlaces the college health program with community life. It is hoped that this fall the health education program will be extended to include classes for food handlers and expectant mothers, as well as on conducting maternity and well baby clinics.

Reading is another means of influencing people toward better health practices, and the librarians in the various colleges have set up special sections for health materials. Students have been encouraged to write papers and make speeches using these materials as references.

The State Board of Health deposited thirty books on an indefinite loan to Bethune-Cookman to promote its workshop in health, and seven other publications from State and national offices have been added to the shelves of their Harrison Rhodes Memorial Library. Similarly six films on the venereal diseases were loaned to the Florida A .& M. College for further promoting the educational program.

Through the excellent work of Margaret Blake, State Consultant for the Negro Program, more emphasis has been placed on carrying the services of the State Board of Health to the centers of greatest need. Dr. R. F. Sondag, Director of Venereal Disease Control, and many others from the central office have visited the various colleges to speak and lead discussions.

At Bethune-Cookman College, a State-wide conference was conducted by the State Board of Health, centered around the theme **Target for Today—VD.** The president of every Negro college in Florida was present to work and plan for further health activities with health representatives from all sections of the State. Contacts were made with the State and County health directors, dieticians and nurses, defense workers, recreation leaders, public school teachers, principals, ministers, physicians, dentists, and welfare workers, who immediately grasped the vision of the usefulness of the college in taking the lead in a program for health education.

Our goal is the eradication of disease from the communities where our people live. As a means to that end, we propose to work through the persons who are trained and in position to assume the responsibility for leading the way in a broader and more effective campaign for health education. We propose to work through those who realize the danger of disease to our race. Therefore, to prevent disease from eating away our strength and destroying the bulwarks of safety, let us continue to teach and work together for the health of the Negro people in the State of Florida.

THE TAMPA TEACHERS' IN-SERVICE TRAINING PROGRAM IN HEALTH EDUCATION

by
LUCILLE B. JOHNSON,
Booker T. Washington Junior High School,

RUBY CHRISTOPHER,
Christine Meacham Elementary School

EMMA WILSON,
Harlem Elementary School

Today the school represents a center for child guidance in living. This guidance is concerned with the growth and development of the whole child. It must, therefore, be concerned with all factors in his environment which may exert influence upon his growth and development. His personal day-by-day health practices in living, his knowledge and his application of the principles of health and disease prevention, and his attitudes and ideals toward healthful living are factors which are greatly influenced by the kind of teaching a child receives at school.

Because the supervisor of the Tampa Negro schools, Frank D. Miles, and the school principals and teachers felt that an intensified program of school health education and parent education through the schools would help bring about these objectives, coordinated working committees were organized for such work. Elizabeth Fretwell, Director of the Bureau of Health Education at the State Board of Health, and Margaret Blake, Consultant for the Negro Problem, were invited to discuss the state bulletin, "Plans for Florida's School Health Program,"* with these committees. The improvement of school-community relationships was discussed and attention was given to the problems of healthful school living, health service, and health instruction.

*Bulletin No. 4: State Department of Education, Tallahassee, and State Board of Health, Jacksonville, 1943.

Teachers of the Tampa Negro schools met regularly this past school-year to compare progress in their respective health programs—each based on specific needs of the class, rather than on a general, over-all plan. At the end of the table is Frank D. Miles, Supervisor of Tampa Negro Instruction, and to his left is Margaret Blake, State Consultant for the Negro Program.—*Staff Photo.*

After the series of conferences with school principals and state consultants, the class room teachers entered the picture. A meeting of all teachers in Tampa was called and a city-wide program presented to them. The plan was discussed from the administrative standpoint by the city supervisor of Negro schools, from the standpoint of health service possibilities by the school physician, and in respect to methods and materials for health instruction by the state health education consultant.

Once teacher interest had been stimulated, the teachers were divided into groups so that each teacher could work out problems peculiar to gradation, the choice and use of methods and materials, and problems demanding most emphasis in health instruction. The division included a primary school group, an intermediate group, and a junior and senior high school group. In each division three teachers and two principals were responsible for guiding and coordinating the work of their group, the principals serving in an advisory capacity in coordinating administrative and instructional consideratons, and the three teachers serving as co-chairmen and secretary.

There was an obvious need for a teacher background of information on the basis of which the scope of the school health program could be planned. In this connection a series of study group conferences was held and several meetings devoted to a study of "Florida's School Health Program."* Group chairmen planned the conferences to be held by their groups. At least three meetings were devoted to a discussion of the scope of the school health education program, giving special consideration to health instruction problems such as: (a) teaching related to health examinations; (b) determining what to teach; (c) gradation problems; (d) choice and use of methods and materials; and (e) pupil-teacher relationships.

The school physician and school nurse served as valuable consultants. They worked very closely with committee groups and individual teachers in determining procedures to be used. After outstanding physical defects and other health needs were determined through the school health examinations, joint committee meetings were held with all school principals and teachers to discuss the findings. In this way actual health problems were given primary consideration and the instruction program based upon these problems.

Supplementary teaching and study materials were furnished to the committees by the Bureau of Health Education at the State Board of Health. Books, pamphlets, and films were loaned for both teacher study and pupil study. Teachers, therefore, not only broadened their own understandings of pertinent health problems but evaluated teaching materials so that they could most effectively provide the children with the most needed information and guidance.

Periodic faculty meetings have been held throughout the year with plans for their indefinite continuance. Through this unified inter-school organization, the classroom teachers of all Negro schools in Tampa have been able to move forward together in stimulating healthful living among the children at school and thence in the homes and community.

*Ibid.

THE MECHANICS OF THE NEGRO WAR TIME HEALTH COMMITTEE OF PENSACOLA, FLORIDA

by **SOLOMON BROOKINS,** *Chairman*

This civilian group was organized in December, 1943, for purposes of venereal disease control.

Its program and plan of action is as follows:

1. Education of individuals and the community at large in sex hygiene and venereal disease control by:

a) Mass meetings with movies and qualified speakers
b) Distribution of material and posters in a regular and planned way
c) Newspaper and radio publicity
d) Promote a course in sex hygiene in high schools and a curriculum of general supplementary education for Negro Navy personnel

2. Repression of commercialized prostitution and non-mercenary promiscuity by:

a) Direct persuasive appeal by the citizens of the community to operators of bars and rooming houses
b) Employment of a truant officer at committee expense to combat truancy and juvenile delinquency in the school population

3. Case finding and case holding by:

a) Close cooperation and working agreements with the Negro investigation conducted by the County Health Department
b) General social pressure to encourage reporting for diagnosis and treatment by those needing it.

To date, the Negro Wartime Health Committee has accomplished the following:

1. An organizational firmness has been developed which manages committee affairs efficiently and expeditiously.

2. A fund of $2,500 has been developed over a six months period and of this sum $1,000 has been expended, leaving an operating capital of $1,500. This money is constantly being augmented by popular subscription and disbursed judiciously.

The Executive Committee of the Negro War Time Health Committee is examining an account of the committee which appeared in the February issue of the Journal of Social Hygiene.

Seated, left to right: Lt. Comdr. M. Leider (MC) USNR, Technical Advisor; Solomon Brookins, Chairman; B. L. English, Secretary.

Standing, left to right: Morris Luckey, Treasurer; L. H. Boykin, Attendance Officer; Philip Jefferson, OS2/c, USNR.—*Navy Photo.*

3. With official permission of the School Board, an attendance officer has been employed and his maintenance is at committee expense.

4. The Negro community has been, and is constantly being, saturated with striking posters, printed literature and word-of-mouth education on sex hygiene and venereal disease control.

5. A project in supplementary education entitled PREP (Pensacola Remedial Education Project) has been promoted by the committee through a three way agreement between the Committee, the School Board, and the local Naval authorities. This project has been under way for the past two months and serves Navy Negro personnel and local civilians. The curriculum consists of arithmetic, English, mathematics, shorthand, typing, music, art and sex hygiene.

All this is deemed a mere beginning. At the moment the committee is at work on a plan for permanent quarters and a full time secretary. It is anticipated that this will shortly be accomplished wherewith the work of the committee will expand, be more elaborate and continuous.

2000 NEGRO HEALTH WARDENS TRAINED FOR VD CONTROL
(Continued from page 110)

The committee in Jacksonville, chaired by Dean E. E. King, Edward Waters College, was assisted by Dr. R. F. Sondag, Director of Venereal Disease Control, State Board of Health, Dr. W. W. Rogers, City Health Officer and Dr. J. J. Patterson, City Negro Physician. Certificates were given to more than 1,500 persons who finished the course of instruction on the control of syphilis and gonorrhea.

THE MINISTER, THE CHURCH, AND HEALTH EDUCATION
(Contiued from page 112)

Sound health and wholesome activity cannot be expected where people are concentrated in poor houses, on back streets, muddy, sandy, and littered with paper. Such forgotten areas cannot help but be the breeding places for disease germs.

As a minister, I think it fitting that a definite appeal be made to all citizens to correct this condition and ultimately control the venereal diseases from this basic approach. A further appeal is made to parents to renew their interest in their homes and in children. A basic philosophy in which all groups working for the general welfare are united should be continuously emphasized by all of us who want to share in making Florida a healthier place in which to live.

Dr. Leland Fox, Director of Venereal Disease Control at the Hillsborough County Health Department, instructs a group of longshoremen on the cause, prevention, and cure of venereal diseases. In the background, right, is Perry Harvey, local president of the International Longshoremen of America.—*Staff Photo.*

FELLOWSHIPS IN HEALTH EDUCATION

Fellowships for graduate work in health education leading to a Master of Science degree in public health are being offered by the U. S. Public Health Service through funds made available by the W. K. Kellogg Foundation.

These fellowships provide for twelve months in public health education including nine months of supervised field experience. They furnish a stipend of $100 a month for twelve months, full tuition, and travel for field experience.

Qualified American women between the ages of 19 and 40 years inclusive, are eligible for fellowships. Creative ability, leadership, sound judgment and adaptability are essential qualities for the health educator to possess, plus good health and a pleasing appearance. Men cannot be considered because of the demand for manpower for military service.

Educational qualifications include a Bachelor of Science degree, or its equivalent, from a recognized college or university. It is desirable that the candidate present a background including as many as possible of the following areas of knowledge and skill:

(1) A basic cultural education, including skills in the use of the English language. (2) A basic science education in the physical and biological sciences. (3) Training in education and educational psychology. (4) Social science education to provide an appreciation of the importance of respect for human personality and government.

Application forms for fellowships may be obtained through the Bureau of Health Education, Florida State Board of Health, Jacksonville 1, or from the Surgeon General, U. S. Public Health Service, Washington 14, D. C. Applications must be accompanied by a transcript of college credits and a small photograph. Completed applications must be in the office of the Surgeon General not later than August 1, for the fall college quarter of 1944.

HAVE YOU STUDIED THESE HEALTH EDUCATION MATERIALS?

Available through
THE STATE BOARD OF HEALTH LIBRARY
Jacksonville 1, Florida

BOOKS

WAYS TO COMMUNITY HEALTH EDUCATION—Ira V. Hiscock. Commonwealth Fund. 1943.

COMMUNITY HYGIENE—D. F. Smiley & A. G. Gould. Macmillan, 1942.

ROLE OF TEACHER IN HEALTH EDUCATION—R. M. Strang. Macmillan, 1942.

METHODS AND MATERIALS IN HEALTH EDUCATION—J. F. Williams & F. B. Shaw.

HEALTH EDUCATION—National Education Association. Washington, D. C. 1941.

FOUNDATIONS OF NUTRITION—M. S. Rose. Macmillan, 3d ed., 1938.

PUBLIC HEALTH NURSING IN OBSTETRICS—Maternity Center Association, 1940.

SYPHILIS IN THE NEGRO—H. H. Hazen. U. S. Government Printing Office, 1942.

PLAIN WORDS ABOUT V. D.—T. V. Parran, Reynal and Hitchcock, 1941.

CONTROL OF TUBERCULOSIS IN THE U. S. P. P. Jacobs, National Tuberculosis Association, 1940.

NEGRO CARAVAN: WRITINGS BY AMERICAN NEGROES—S. A. Brown. Dryden Press, c1941.

GEORGE WASHINGTON CARVER: AN AMERICAN BIOGRAPHY —R. Holt. Doubleday, 1943.

THE BIOLOGY OF THE NEGRO—J. H. Lewis. U. of Chicago Press, 1942.

AN AMERICAN DILEMMA: THE NEGRO PROBLEM AND MODERN DEMOCRACY—G. Mayrdal. Harper, 1944.

RACE AND RUMORS OF RACE: CHALLENGE TO AMERICAN CRISIS—H. W. Odum. Chapel Hill, U. of North Carolina Press, c1943.

AMERICAN NEGROES: A HANDBOOK—E. R. Embree. John Day, c1942.

PERIODICALS

National Negro Health News (quarterly)
OPPORTUNITY—Journal of Negro Life (quarterly)

REPRINTS OF MAGAZINE ARTICLES

Health Education; an Urgent Need in Negro Colleges; by Paul B. Cornely, M. D.

Health in a Negro College, by Clara B. Hamilton, R. N.; from National Negro Health News, April-June, 1940.

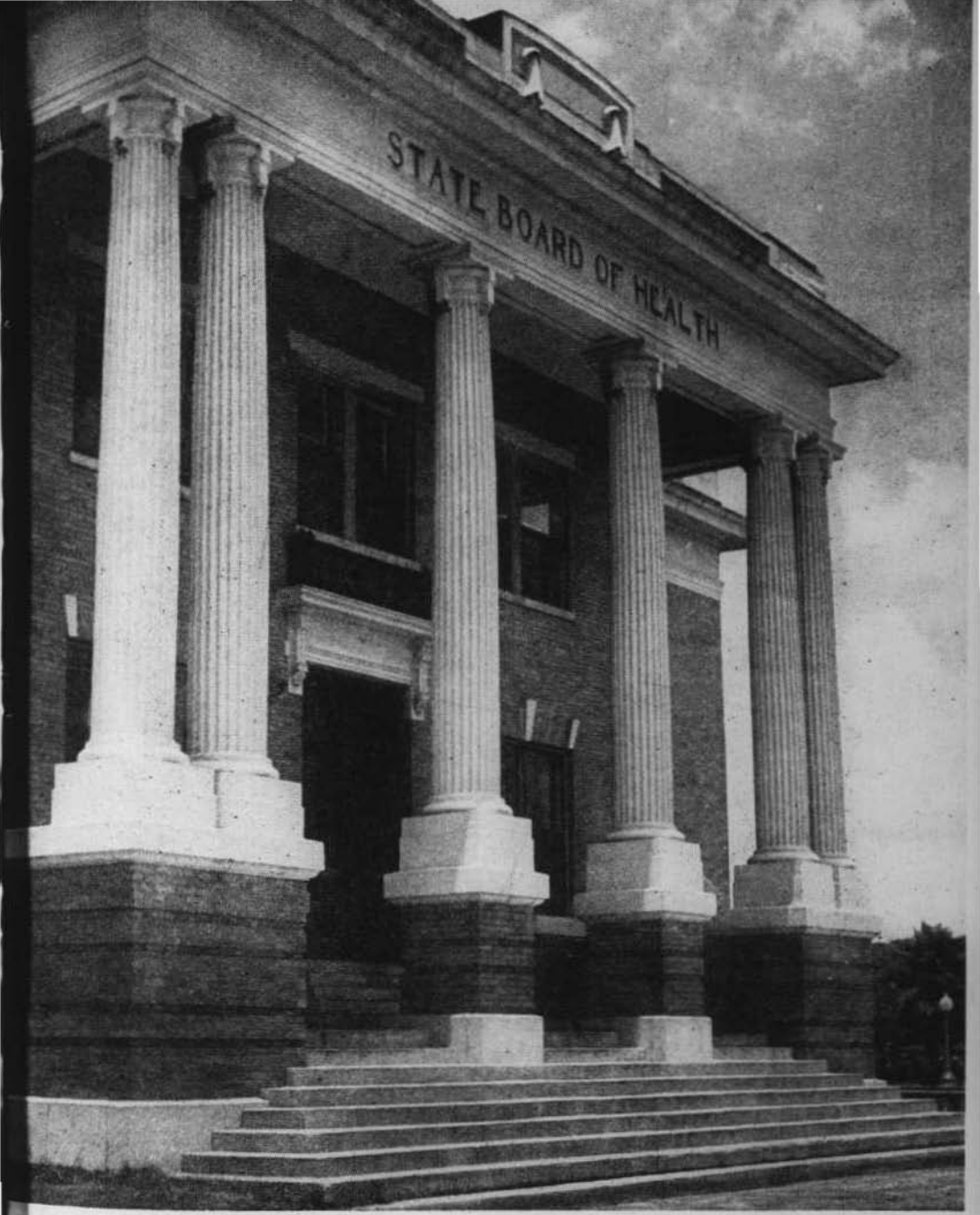
Cooperating for Better Health, by Charles V. Akin; from National Negro Health News, April-June, 1940.

The Role of the Negro College in the Control of Tuberculosis, by Elva L. Chaplin; from 1940 Essay Contest for Negro College Students, National Tuberculosis Association.

RADIO BROADCASTS

Copies of radio broadcasts made during National Negro Health Week are also available.

Cover page by Staff Artist



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • JULY, 1944 • VOL. 36 • No. 7

Florida HEALTH NOTES

ESTABLISHED 189

ACCREDITED HEALTH UNITS

County	Town
Alachua	Gainesville
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Sumter	Bushnell
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
T. H. D. Griffitts, M.D.
Acting Director

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elsie D. Withey,
Acting Director

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

This issue of Health Notes is dedicated to Florida's local county health unit staffs—to the directors, assisting physicians, nurses, sanitarians, clinicians, follow-up workers, and clerks—who are untiringly at work translating public health principles into the daily lives of the people they serve.

Local health unit staffs are concerned with the practical application of public health principles. Procedures should and do vary to meet particular needs in certain localities. In testing general plans for their workability at local levels, many valuable experiences result, ideas are formed, and temporary conclusions reached by health unit staffs. That some of these results can be known, studied, and evaluated by others, this issue of Health Notes is devoted to the sharing of local health unit experiences.

A number of health officers have contributed articles for this interchange of ideas. Opinions expressed are those of the authors and should not necessarily be construed as official recommendations. We regret that space does not permit the use in this issue of all articles that have been submitted.

Deep appreciation is extended to the health officers and their workers whose efforts are so valuably contributing to the improvement of our public health methods. May the fine work of Florida's health unit staffs continue to meet with ever-increasing and well-earned success.

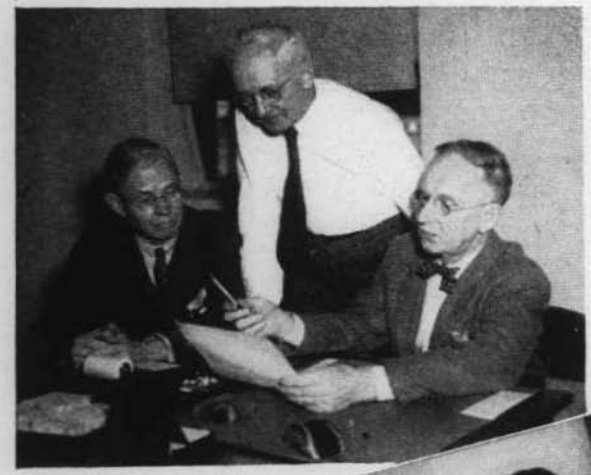
THE STATUS OF LOCAL HEALTH SERVICE IN FLORIDA

by **THOMAS H. D. GRIFFITTS, M.D.,** *Acting Director*
Bureau of Local Health Service, Florida State Board of Health.

The Florida Legislature passed an Act in 1931 authorizing the counties of the State to cooperate with the State Board of Health in the establishment and maintenance of full-time County Health Units. Taylor County was the first to establish such a unit. The county which most recently adopted the county-wide unit system is Alachua, where Gainesville is the county seat and the location of the University of Florida. A staff is now being selected and the unit should be well-housed and functioning within a short time.

As of July 1, 1944, thirty-six of the sixty-seven counties have elected to operate full-time Health Units. Of these, sixteen are one-county complete units, fourteen counties are bi-county organizations, and six counties are operating in two units of three counties each. The multiple county units function under one health officer for the two or more counties, as the case may be, but each county has its complement of sanitation, public health nursing, and clerical personnel.

Noteworthy is the fact that, notwithstanding the shortage of physicians, sanitary officers, nurses, and other qualified and trained personnel, the number of full-time units has increased. This is interpreted as a public recognition of the importance of organized public health work as a local governmental function, and, too, that engaging in such work is a patriotic duty in promoting essential war efforts.



Grouped on this page are the Health Officer, the bureau directors of the Hillsborough County Health Department, Tampa, the most recent local health unit in which both city and county health activities have been incorporated.

(1) At the extreme rght, Dr. C. W. Pease, Health Officer, consults with Dr. A. B. Emmons, Epidemiologist, (left), and J. B. Charles, Registrar, (center), on plans for extending health activities for the county. *(Staff photo).*

(2) Dr. J. Leland Fox, director, Venereal Disease Control, and Mrs. Jean M. Moore, Supervisor of Nurses, examine a new "needle" to be used in Dr. Fox's drive to eradicate VD from Hillsborough County. *(Staff photo).*

(3) Here George S. Bote, Executive assistant of the U. S. Public Health Service's Typhus Control Unit, Atlanta (temporarily stationed in Tampa), and Major O. J. Calderara, also with USPHS and director of the local unit's Bureau of Sanitation, examines a typhus infected rat from which more than 100 typhus-carrying fleas had been caught that day. *(Staff photo).*

Significant, also, is the fact that Dade County, with the largest population, and Hillsborough County, third largest, have discontinued multiple health organizations wherein separate city and county units were both functioning within the same area. Each is now operating under the county-wide health system. Dade County was organized in November, 1942, and Hillsborough County early in 1944. With the addition of these densely populated counties, approximately seventy-eight per cent of the total population of Florida is now served by full-time, standardized health departments.

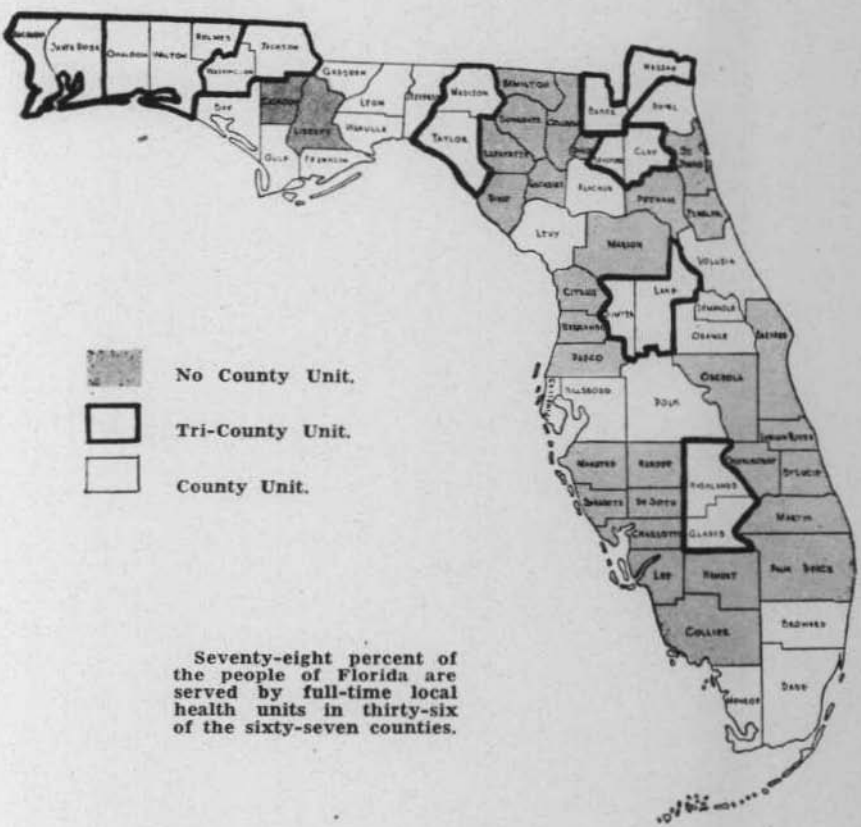
The tenseness of the situation in securing health officers, public health nurses and sanitary officers is now being relieved somewhat by releases from military service. Hence with renewed confidence it is expected that the public health program in the state will be sustained and promoted. However, high-powered salesmanship will not, under any circumstances, be exerted in organizing new counties. Financial aid, advisory and scientific assistance will be extended to those counties which recognize the need and value of public health as offered by full-time health units. The principle being applied is that public health is purchasable, but one does not go to "bargaining counters" for sound investments.

Just as the unsung heroes of the Merchant Marine are accomplishing a tremendous task in delivering essential supplies to critical areas, so health workers in a less hazardous occupation, are combatting disease and promoting health for the prime object of delivering physically fit men and women to the fighting fronts and to essential industries at home. We hear much of "post war planning." Let's now resolve that out of our present "execution" our "post war plan" will emerge. Here's to the Local Health Officer and his Staff!

FLORIDA'S FULL-TIME COUNTY HEALTH UNITS

County	Town	Director
Alachua County	Gainesville	(To be announced)
Baker County (Nassau County)	Macclenny	Dr. George A. Dame
Bay County	Panama City	Dr. J. O. Barfield
Bradford County (Clay County)	Starke	Dr. Irving R. Abrams
Broward County	Ft. Lauderdale	Dr. Otto W. Schwalb
Clay County (Bradford County)	Green Cove Sprngs	Dr. Irving R. Abrams
Dade County	Miami	Dr. T. E. Cato
Duval County	Jacksonville	Dr. K. K. Waering
Escambia County (Santa Rosa County)	Pensacola	Dr. T. W. Reed
Franklin County	Apalachicola	(To be announced)
Gadsden County	Quincy	Dr. E. A. Cook
Glades County (Highlands County)	Moore Haven	Dr. James H. Wells
Gulf County	Port St. Joe	(To be announced)
Highland County (Glades County)	Sebring	Dr. James H. Wells
Hillsborough County	Tampa	Dr. C. W. Pease
Holmes County (Okaloosa County) (Walton County)	Bonifay	Dr. Robert M. Robbins
Jackson County (Washington County)	Marianna	Dr. C. A. Adams, Jr.
Jefferson County	Monticello	Dr. F. A. Brink
Lake County (Sumter County)	Tavares	Dr. R. J. Dalton
Leon County	Tallahassee	Dr. Paul J. Coughlin
Levy County	Bronson	(To be announced)
Madison County (Taylor County)	Madison	Dr. C. A. O'Quinn
Monroe County	Key West	Dr. Frank F. Furstenberg
Nassau County (Baker County)	Fernandina	Dr. George A. Dame
Okaloosa County (Holmes County) (Walton County)	Crestview	Dr. Robert M. Robbins
Orange County	Orlando	Dr. W. P. Rice
Pinellas County	St. Petersburg	Dr. R. D. Hollowell
Polk County	Bartow	(To be announced)
Santa Rosa County (Escambia County)	Milton	Dr. T. W. Reed
Seminole County	Sanford	Dr. Leland H. Dame
Sumter County (Lake County)	Bushnell	Dr. R. J. Dalton

MAP OF FLORIDA SHOWING HEALTH UNITS



Seventy-eight percent of the people of Florida are served by full-time local health units in thirty-six of the sixty-seven counties.

Taylor County (Madison County)	Perry	Dr. C. A. O'Quinn
Volusia County	DeLand	Dr. Robert D. Higgins
Wakulla County	Crawfordville	(To be announced)
Walton County (Okaloosa County) (Holmes County)	DeFuniak Springs	Dr. Robert M. Robbins
Washington County (Jackson County)	Chipley	Dr. C. A. Adams, Jr.

THE VISUAL RECORDING OF HEALTH UNIT ACTIVITIES

by **ROBERT D. HIGGINS, M.D.**, *Director,*
Volusia County Health Unit, DeLand, Florida.

The values to a health unit staff of keeping records on charts or maps as described herein can hardly be stressed too strongly. Visual records are designed to show at a glance the up-to-the-minute status of all health programs in progress, not only for the current use of staff members but also for the information of the public. In Volusia County, where such charts and maps are being used regularly, the following health programs, for example, are recorded visually by this means: the syphilis control program for white males, for white females, for colored males, and for colored females; the maternal and infant program; the total school health program; and the program for intestinal parasite control.

The charts are all quite similar in their basic preparation, but each health program tells its own story with its own particular set of colored tacks. Tacks or pins with different colored heads are used to represent the various activities or health unit services offered in each health program. On the venereal disease charts used in Volusia County, for example, a red pin indicates a person's admission for treatment after his complete health examination. A light blue pin similarly indicates each weekly treatment following admission. A yellow pin shows the health unit staff that there has been a lapse of two weeks in a patient's treatments. The very noticeable predominance of blue on the Volusia syphilis control charts permits the entire health unit staff to feel quite proud of this phase of the venereal disease program. Additional examples of the colored pin system in use in Volusia County are provided by the legend on page 142.

Dr. R. D. Higgins, director of the Volusia County Health Department and Clinic Nurse, Ola Cupp Rice look over the VD chart which shows the detailed status of each patient under treatment at the Health Unit. Figures to extreme right of the column represent patients, and the colored pins extending left tell the story of the individual's progress and cooperation at a glance. *(Staff photo).*

Charts should be drawn on heavy white paper and mounted on wallboard, which is preferable to using plaster board when EDEXCO colored pins are used. EDEXCO pins can be purchased from any office supply company which has proper priorities with the Educational Exhibition Company of Providence, Rhode Island, where the pins are manufactured. The drawing on page 143 shows the recommended size of the charts and the measurements and dimensions of the vertical and horizontal columns found most practical for use by the Volusia County staff. As indicated on this drawing, vertical columns represent the days, weeks, and months of the year, while horizontal columns show the admission numbers of the persons under treatment or the names of schools receiving services. Each person admitted to health unit services is given an admission number which is used on the charts and which corresponds with the number on the index card and other office records of each person.

Consider the ease with which vital information for staff members can be found on these visual charts. The number of admissions to service in each program every month can be seen at a glance. For example, concerning admissions to the venereal disease control program, it is vital for health workers to know whether a patient is punctual in reporting for treatments or whether he misses a number of treatments, whether medical social service follow-up is needed or whether the patient has been transferred to a private physician, whether he has been dismissed or what other type of disposition has been made of the case. The clinic nurse, for example, can quickly spot a yellow pin indicating a lapsed case and can then see that social service is instituted, after which the patient's number is marked with a white map pin. A black pin shows that a patient has been transferred from the clinic to a private physician or to another clinic. A red pin with a white center indicates a dismissal from active care. A similarly close check can be kept, on the chart designed for that program, of the services rendered maternity cases. All information shown on the charts is a visual recapitulation of what is found on the regular records on file, but for day-by-day work these visual charts are much more quickly and simply read.

The chart showing school health services is also highly interesting. This is prepared in the same manner as the syphilis control charts, the days of the school year heading the vertical columns, while the name of each school appears beside each horizontal column. This chart is prepared so that the nurse or clerk can spot each of the various health services rendered in each one of the schools. It serves as a definite stimulus to the nurse in each school district to compete with her colleagues in securing maximum health services for her schools. Teachers who come to the health unit are quite interested when they learn that a crystal pin has been tacked opposite the name of their school because of the health instruction they have given in connection with the nurse's visit to their school. Many times the school health chart has been shown to parent-teachers or-

ganizations and other interested civic groups to portray the extent and nature of services rendered the schools by the health unit.

A different type of visual record is used to indicate the up-to-date status of the intestinal parasite control program. Here a conventional map of the county is used. Each town is shown on the map by a circle, larger circles representing the larger towns, smaller circles the smaller towns. The name of each community is printed beside the circle representing it. Within each circle is placed a map pin for every case of intestinal parasite infestation found in a survey. A different color is used to indicate each type of parasite or protozoon. This map offers a vivid description of the incidence of intestinal infestation in various communities. The following legend of pin colors is used in connection with this map:

Hookworm	red pin
Ascaris (Roundworm)	yellow pin
Oxyuris (Pin or Threadworm)	light green pin with white dot
Trichuris (Whipworm)	crystal pin with red dot
Endamoeba histolytic (Dysentary Amoeba)	blue pin
Giardia Lamblia (Dysentary Giardia)	red derrick-shaped pin
Tapeworm	orange pin with white dot
Dwarf tapeworm	dark blue pin with white dot

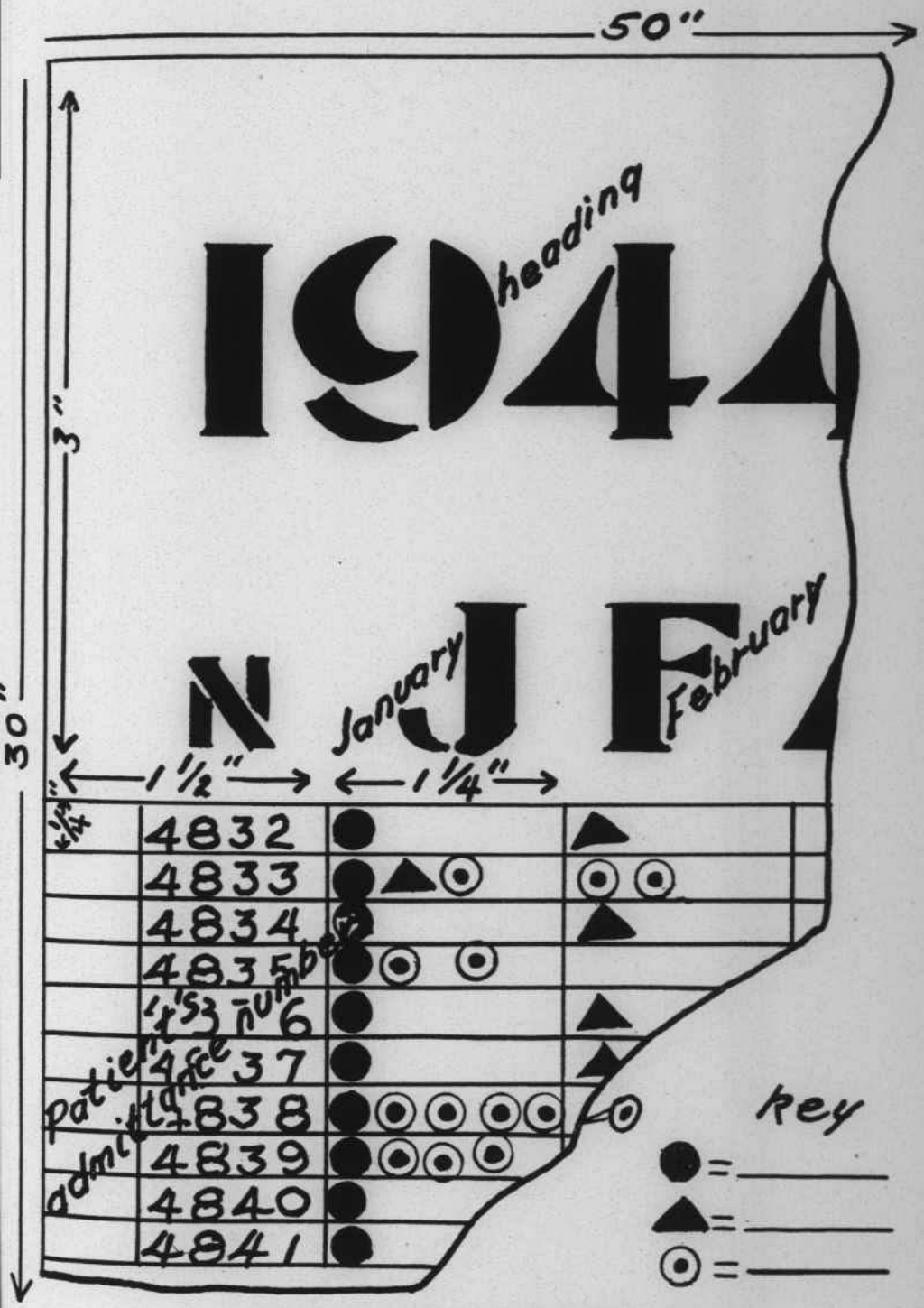
One might assume that preparing and keeping up-to-date these charts and maps would be a bothersome task. This is not true, however, especially when measured in the light of the values received. Each worker who conducts an activity shown on the charts merely writes at the top of his or her daily report on that activity, "insert red pin," or "blue pin," or whatever colored pin properly records the work. When the clerk has assembled the daily reports for filing it takes only a short time at the end of the day to place the pins in their proper places on the charts. The staff has worked so long with the charts that the legends are familiar to them. The color system eliminates any duplication of recording. The director, the nurses, sani-

tarians, follow-up workers, and clerical staff can see clearly, day by day, the progress that is being made and the work that is being done by each member of the staff as well as by the unit as a whole.

The greatest value of these visual records, of course, is the stimulation afforded staff members in their daily work. Their educational and promotional values, however, should not be underestimated. In addition to serving as visual informants for interested lay groups and individuals, the charts have aroused the interest of newspapermen who have commented that facts about health unit activities are certainly "out in the open," not only for staff needs, but for the benefit of the public. Such charts by their very nature arouse curiosity and interest and thereby build public support for health activities. They certainly pay dividends for the comparatively small amount of time and money spent on their preparation and upkeep.

HEALTH UNIT ACTIVITIES RECORDED WITH COLORED TACKS ON THE VOLUSIA COUNTY SCHOOL HEALTH CHART

Admittance to Service	Red
Visit by Public Health Nurse	Bright Blue
Visit by Sanitary Inspector	White with Red Dot
Health Examinations	Black
Malaria Survey Conducted	Red (derrick-shaped pin)
Hookworm Survey	Red with White Dot
Dentmobile	Pink
Mobile X-ray	Yellow
Eye Conservation Program	Crystal with Red Dot
Growth Progress Checked	Green
Typhoid Immunizations	Light Green with White Dot
Diphtheria Toxoid Administered	Dark Blue
Smallpox Vaccinations	Black with White Dot
100% Teachers Health Examinations	Orange
Bus Drivers, Cafeteria Managers, Cafeteria Helpers, School Nurses — 100% Health Examinations	Orange with White Dot
Health Instruction and Demonstrations	Crystal



CORNER OF VISUAL RECORDING CHART

DECENTRALIZING RURAL COUNTY HEALTH UNITS IN FLORIDA

by **ROBERT M. ROBBINS, M.D.**, *Director,*
Walton, Okaloosa, and Holmes Counties, DeFuniak Springs, Florida.

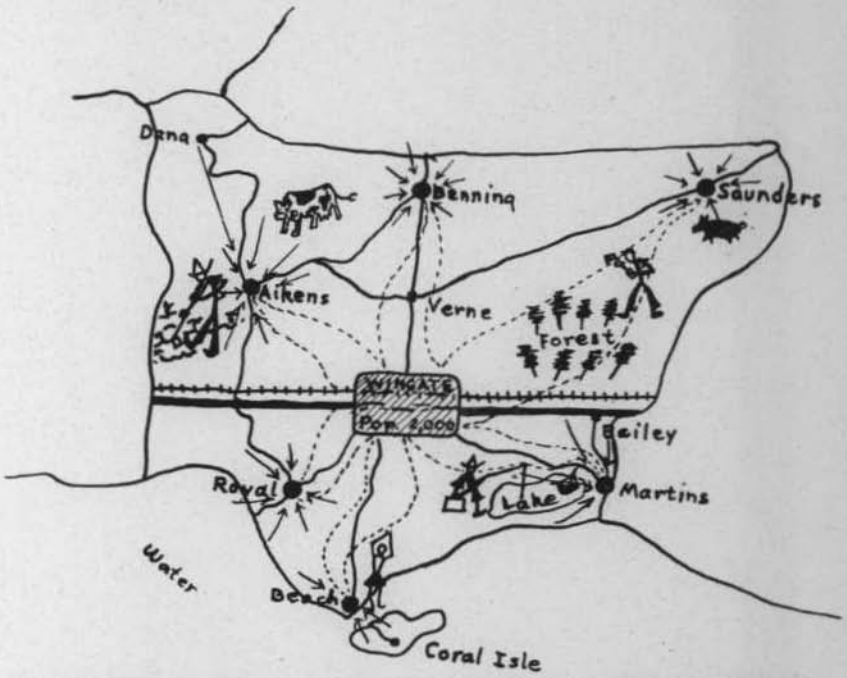
Public health programs in rural areas compare with those in cities just as some general practitioners compare with specialists in medical practice. The area to be cared for, in square miles as well as in the wide range of health needs, is far broader in rural than in urban sections. The amount of money, the number of trained workers, and the equipment and machinery available for conducting rural public health work are most often heartbreakingly inadequate.

County health units are as integral a part of the government and lives of the people in rural areas as city health departments are in larger towns. Men, women, and children live in both areas. These folks are just as capable of and willing to lead progressive, happy rural lives and to conduct sound rural government as are city dwellers to live healthfully and soundly in municipalities.

We are frequently reminded of the great human masses who congregate in our cities. It is the duty of a rural county health officer to remind us of the countryside and its people, the power if not the glory upon which a state rests, the basis of our tremendous agricultural economy and a vitally integral part of our nation's health.

Differences between rural and urban living conditions and health problems demand similarly striking differences in the methods used by those who are responsible for the public health. The outlook and philosophy of the entire health unit staff as well as the details of the services rendered, must be adjusted to suit actual needs and conditions.

Consider a typical rural county. Wide open spaces of sand and scrub oak cover miles and miles of the total area. There is a county seat through which a railroad and main highway pass. Two other hard surfaced roads lead from the county seat to two smaller towns. All other roads in the county are dirt roads.



COMPOSITE MAP OF TYPICAL WEST FLORIDA COUNTIES
(mythical)

The chief industries of the county are farming, fishing, and pulp wood cutting. A beach resort helps to contribute to the earning of the county dollar. The principal business of the towns is the merchandizing of products needed by farm families. Income is poor throughout because the land is poor.

There are three high schools, one in each of the three towns. Nine elementary schools with from two to six rooms each are spotted throughout the county. Illiteracy and truancy run high. There is one weekly newspaper. There is no radio station.

Health problems include malaria, hookworm, pellagra, malnutrition, poor housing, and inadequate sanitation. There is one doctor and one dentist in the county. It would be difficult for the few voluntary community organizations to contribute a great deal in either financial assistance or personal services.

What are the different administrative methods that must be used by public health personnel to meet the needs in these rural counties?

A rural county health officer cannot sit at the county seat and ask people to come to see him. Nor can his public health and clinic nurses centralize their activities in one clinic. Sanitary officers cannot sit at desks, pin up drawings of wells, pit privies, septic tanks, and model dairies, expecting farmers to drive in their wagons ten or fifty miles to look at them. Follow-up workers cannot issue warrants to get the sheriff and his assistants to bring communicable disease cases in to a central clinic.

Rural public health programs must be decentralized. Small weekly clinics can be set up at strategic places not too difficult for the farmer and his family to reach and to which a physician and nurse and other staff members can be accessible locally. These need not be numerous. The central health unit can and should still be the departmental headquarters at the county seat.

The public schools can serve well as such year-around community health centers if careful arrangements are made with the county Superintendent and the school board. Family health clinics can be conducted in these centers on a weekly or bi-monthly basis to serve as filters through which most county health problems can be screened.

Health problems of women during pregnancy, of infants, school children, and of other adults can be observed and studied through these decentralized school clinics. Immunizations and certain other clinical activities may be conducted

here. The home visits of the nurse, many activities of the follow-up worker, and certain problems of home, dairy, farm, school, and restaurant sanitation can be successfully decentralized under this plan which represents a "starfish" type of screening for the central health unit. These smaller outlying centers permit the conduct of what can very truly be called Family Health Clinics.

These clinics can be handled by a county health nurse under the direction of the health officer, and assisted by a clinic nurse, a volunteer, or a paid clinic aide. Sanitary officers and follow-up workers can use these school centers as focal points from which their work can radiate into rural areas. The health officer should visit each clinic as often as practicable. The schedule of activities for each center should be clearly announced in the local newspaper.

Health education activities directed by the health officer through the nurse in charge should be conducted with the assistance of a small four or five member lay committee, selected by health unit personnel to work in connection with each center. Publicity through the periodic press and other health education activities can be conducted by these committees under the supervision of the health officer and the health center nurse.

Health needs in sparsely populated rural areas can be met only to the extent that the public health programs instituted for these areas are extended into the outlying districts where the problems exist. Decentralization is necessary in rural areas. It can work. It has worked in the counties of Walton, Okaloosa, and Holmes through their respective health units.

ATTENTION

See back cover for information on the release of Penicillin for certain venereal disease cases.

FACING OUR RESPONSIBILITIES IN PREVENTING JUVENILE DELINQUENCY

by T. W. REED, M.D., *Director,*
Escambia County Health Unit, Pensacola, Florida.

The alarming number of young girls and boys who appear at venereal disease clinics in our health units serves as an urgent warning. Public health personnel, concerned with the prevention of disease, cannot fail to recognize their responsibilities in cooperating with other social agencies for the sound development of our boys and girls. Rather than waiting until high school boys and girls appear at our clinics, we must become more active in preventing this alarming situation.

Many factors are involved in the prevention of juvenile delinquency. From a long term view, however, the building of sound physical, mental, and emotional health and the provision of adequate vocational guidance can do much toward solving the problem. Health units share with the home and the school the responsibility for more positive measures in sound child development. Health workers can and should take full advantage of their day-by-day opportunities to assist in this cooperative program.

Basic responsibility for child welfare lies in the home. Health workers, through home visits or through advice given at the health unit, can be of even greater assistance than at present to parents who need or seek aid in the techniques of sound child care, family nutrition, home and farm sanitation, and healthful family living. A child needs love, care and sound guidance during the formative years of his life if he is to develop a well integrated personality and a sound healthy body. Any way in which health workers can assist the home to better fulfill this important function in society will be a contribution to the lessening of juvenile delinquency in the future.

The school, too, has a great responsibility in this problem because so much of the child's time during his formative years is spent under the guidance of the school. Teachers strive to understand children and their problems. They are striving more and more to be concerned with the "whole child" and all factors that influence his development rather than merely being concerned with his scholastic progress. Health workers have much to contribute toward the teacher's better understanding of the children she teaches. Neither teachers nor school nurses, many times, derive the full benefits which can result from their closer cooperation in studying together the problems of certain children.

Particularly for a fuller understanding of the so-called "backward child," health workers have much to offer. Too often such factors as faulty vision, defective hearing, general debility, and other deviations from normal health are contributory causes for the "problem child." Certainly teachers can select the most extreme cases. School nurses can see that these children receive a complete health examination by the family physician or the health officer. Health unit staff members can then see that the proper measures are followed to aid the child and his parents in securing the correction of remediable defects.

Children who are sound of body and mind and who enjoy security in their social group are not likely to become delinquents. Children whose physical defects are not remediable can also be rendered valuable assistance. If their defects are clearly understood by their parents, teachers, the school nurse, the family physician, social agencies, and all others who influence these children, much can be done to help them find their right places in society. Health workers can assist greatly in fostering a general understanding of such children's problems.

Health unit staff members should support and promote as actively as possible local provisions for the vocational guidance of boys and girls. Health workers should be able to give full information to the public about the sources of vocational training within their own and other communities. We should be able to supply information relative to the many spe-

cial bulletins which are published to assist individuals who cannot, for economic or other reasons, attend trade or vocational schools. For many farm boys and girls these bulletins are of great value.

Fundamental training in household management, nutrition, food preparation, sewing, and child care is essential for our girls if they are expected to become good wives and mothers. Our girls also need to develop abilities for earning a living outside the home so that they may provide for themselves, and, if necessary, for their children. The girl who has a sound home background, a strong healthy body, a well integrated personality, and the security of a desirable vocation is not likely to become a "street walker."

Boys need training along the lines which will help them become good husbands, fathers, and providers. They need guidance to the end that they value highly their vigor, strength, and sound physical, mental, and emotional fitness. They need vocational guidance to the end that they are happy in work for which they are fitted.

Health unit staffs must become more active in promoting these social programs. We must interpret "sound health" from an ever broader viewpoint if we are to assist in the development of better citizens for tomorrow. Our work must not stop with protecting children from certain diseases. We must also be more and more concerned with the "whole child," his mental and emotional as well as his physical health, his self-respect, and his appreciation of the values and joys of the right kind of work. Our opportunities for assistance are many, through our knowledge and use of available literature on these problems; through contacts with the child, his home, his school, and his church; through extending the coordination of local agencies and promoting the fuller understanding of children by all concerned. Only by a positive program for child development now can we help to prevent child delinquency tomorrow.

BREAKING ATTENDANCE RECORDS AT THE DADE COUNTY FOOD HANDLERS' SCHOOL

Examining a film to be used for instruction in the recent Dade County Health Department's school for food handlers, Paul T. Walker, office manager, (left), Russell Broughman, Director of the Bureau of Sanitation, (center), and Health Officer Dr. T. E. Cato, (right), seem pleased with their film choice. This is another local health unit under which both city and county activities function. *(Miami Herald photo).*

The best attended school for food handlers conducted to date by Major L. H. Male and Dr. T. H. Butterworth, both of the United States Public Health Service, was sponsored in March by the Dade County Health Department in Miami. Assisting the County Health Department and the United States Public Health Service specialists was Robert G. Carter, Technical Sanitarian of the Bureau of Sanitary Engineering of the Florida State Board of Health.

Dealing with the primary phases of sanitation, bacteriology, personal hygiene, food poisoning, storage and refrigeration, the course consisted of three lessons, each repeated four times. Subjects discussed were dramatized and supplemented with demonstrations, slides, and moving pictures.

Attendance totaled 4,738, and included many home economic classes, the KP contingent of the local Naval base, and personnel from nearly every type of eating establishment in the county. Representatives from fifty-one school lunchrooms were also enrolled. Russell Broughman, director of the Bureau of Sanitation for the Dade County Health Department, stated that his sanitary inspectors had registered more than 3,000 food handlers before the school opened.

There was seldom "standing room" in the Central School auditorium where the course was held, and Major Male declared that he "hadn't seen anything like it!" when asked to compare the attendance with similar schools he has conducted. Memphis, Tennessee, has had the next highest enrollment with 4,433 in attendance.

Attendance was checked carefully and each person who finished the required three classes received an individual certificate of merit. Establishments that enrolled seventy-five per cent of their employees also received similar certificates. Some eating establishments allocated specific time for their employees to attend the course. Others closed at certain hours to allow personnel to take advantage of the free instruction.

Evaluating the school, Mr. Broughman said, "Subsequent inspections reveal that the school was of great value in securing better sanitary technique. Operators are more careful in supervising their personnel and in many instances new equipment has been installed such as dishwashing machines, sinks, additional lavatories, and ventilating equipment. Lighting facilities have been improved and in many places better equipment added for increasing the temperature of hot water systems used for sterilizing eating utensils. One operator summarized the values of the course rather aptly when she said, 'They don't tell you anything you don't know, but they do remind you of things many of us get careless about.' "

TAYLOR COUNTY, OUR FIRST HEALTH UNIT, CELEBRATES A NEW HOME

The Taylor County Health Department personnel celebrated "moving day" by having a group picture made when the Unit moved into its new quarters—the entire second floor of the old National Bank Building, Perry. Left to right: Pansy McFadden, colored nurse; Mrs. Maurine McElveen, secretary; Mrs. E. B. Hendry, clinic aide; Dr. C. A. O'Quinn, Health Officer; Mrs. Tallulah Markham, nurse, and J. H. Cone, sanitarian.

The Taylor County Health Unit, Florida's first full-time county unit, recently moved into its long-needed new home in the former National Bank Building in Perry. The building was purchased by the county commissioners and the entire second floor was reconditioned with the aid of the State Board of Health. The new home stands as a tribute to a county that has recognized its responsibilities in preventing communicable diseases and in promoting sanitary conditions and sound public health.

The land in Taylor County is generally low, flat, and sandy, with many lakes and swamps. These same lakes

and swamps and the marshes which surround them make excellent breeding places for anopheles mosquitoes, and malaria once took a heavy toll of the county's population.

Early in the century cattle raising, farming, and lumber industries were established. With the accompanying increase in population, an increase in sickness and death rates also came about. Malaria was the worst offender while infant colitis was second in importance. By 1918 the need for greater health protection became so urgent that a nurse was sent to the county by the Red Cross. Since that time Taylor County has not been without a public health nurse.

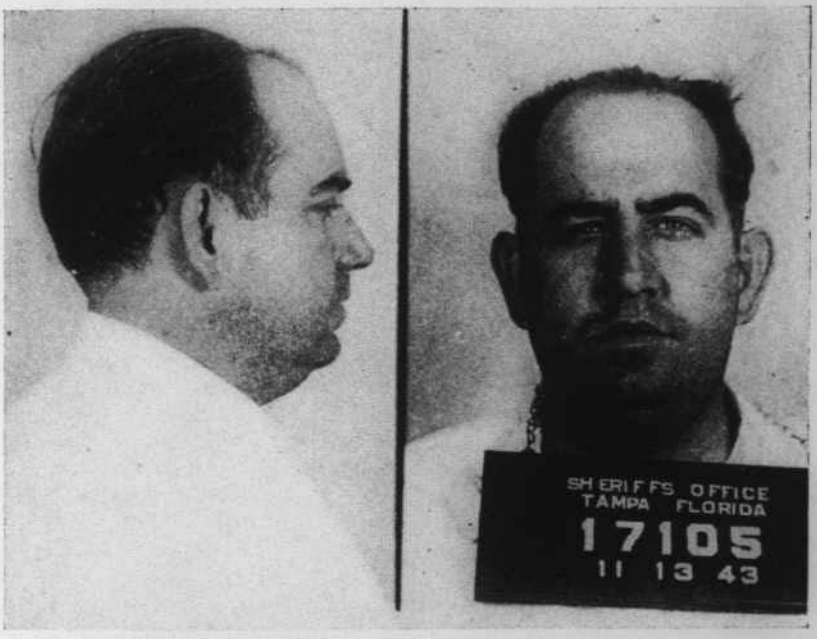
The malaria death rate by 1920 had reached the high of 282.9 per 100,000 population. It was then that Federal and State governments cooperated with private county interests for the establishment of a malaria control program. The town of Perry was ditched, a screening program launched, and the populace supplied with quinine for preventive as well as treatment purposes. Although it is certainly not claimed that the malaria control program has been totally responsible (because of malaria's cyclical low toll at present), it is noteworthy that during the past two years not one person in Taylor County has been reported as having lost his life because of malaria.

Accompanying the fight to control malaria, a generalized public health program has been carried on. Needed measures have been instituted for infant and maternal care, tuberculosis education and case-finding, venereal disease case-finding and case-holding, the health supervision of pre-school and school children, the improvement of sanitary conditions, and public education on disease prevention.

The full-time health unit was first organized in the county in 1930, one year before the passage of Florida's county health unit law. The unit in Taylor County was discontinued in August of 1933, however, but was reorganized in March, 1936, and has been in continuous operation since that time. Dr. C. A. O'Quinn, who became health officer when the unit was reorganized, continues to serve in Taylor County as well as in Madison County, which unit was additionally placed under Dr. O'Quinn's directorship when it was organized in May, 1942.

The noticeable drop in the incidence of hookworm infestation is another example of the progress made by this health unit since its organization. In 1931 there were 3,062 cases of hookworm reported in Taylor County, while in 1943 only 186 positive cases were reported. Certainly the statistics show that Taylor County can well afford to celebrate not only its new home but its fine record.

Attention: Florida Physicians. Look out for this man. His pet practice is to finagle narcotics from unsuspecting physicians. He may call at your office any day in simulated pain, begging your help. He is wanted by the STATE BUREAU OF NARCOTICS, and a reward of $200.00 is offered by the bonding company for his apprehension.



SUBJECT: Tom D. Nobles (Wm.) alias Dan Nobles.
Age 34/1944; Height 5 ft. 10 inches; Weight 295;
Hair dark brown; Eyes gray; Complexion fair;
Build stout (obese). Small scar on bridge of nose.
Drug Addict. Bad check artist. Con-man.

Subject is wanted for violation of the Florida State Uniform Narcotic Drug Act at Tampa, Florida, on November 11, 1943. He was released on a $2,000.00 bond and failed to appear for trial, his bond was estreated on May 29, 1944, and a fugitive warrant issued for his arrest. If apprehended, or information is received concerning the whereabouts of this subject, please phone or wire collect:

Marshall H. Doss, Director State Bureau of Narcotics
Post Office Box 210, Phone: Day 5-0953, Night 3-1834
Jacksonville, Florida.

and swamps and the marshes which surround them make excellent breeding places for anopheles mosquitoes, and malaria once took a heavy toll of the county's population.

Early in the century cattle raising, farming, and lumber industries were established. With the accompanying increase in population, an increase in sickness and death rates also came about. Malaria was the worst offender while infant colitis was second in importance. By 1918 the need for greater health protection became so urgent that a nurse was sent to the county by the Red Cross. Since that time Taylor County has not been without a public health nurse.

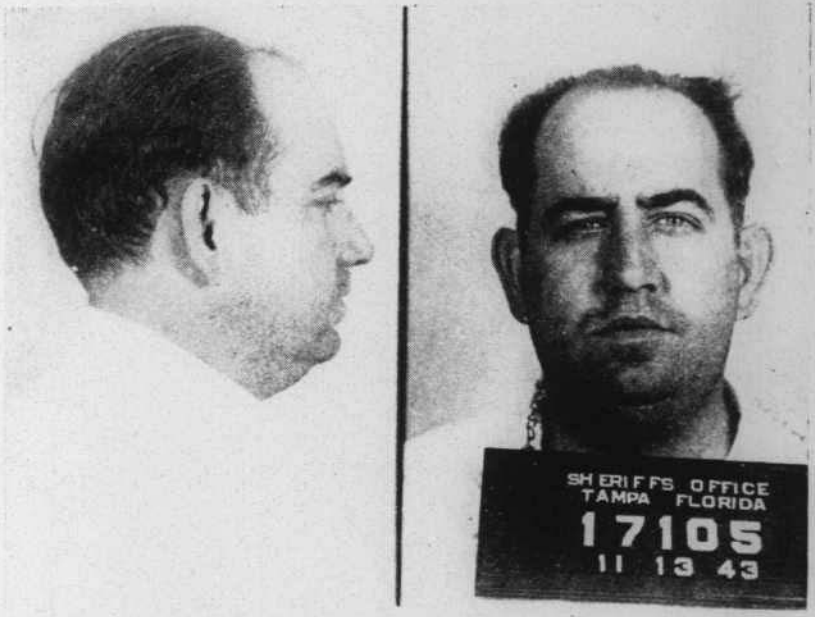
The malaria death rate by 1920 had reached the high of 282.9 per 100,000 population. It was then that Federal and State governments cooperated with private county interests for the establishment of a malaria control program. The town of Perry was ditched, a screening program launched, and the populace supplied with quinine for preventive as well as treatment purposes. Although it is certainly not claimed that the malaria control program has been totally responsible (because of malaria's cyclical low toll at present), it is noteworthy that during the past two years not one person in Taylor County has been reported as having lost his life because of malaria.

Accompanying the fight to control malaria, a generalized public health program has been carried on. Needed measures have been instituted for infant and maternal care, tuberculosis education and case-finding, venereal disease case-finding and case-holding, the health supervision of pre-school and school children, the improvement of sanitary conditions, and public education on disease prevention.

The full-time health unit was first organized in the county in 1930, one year before the passage of Florida's county health unit law. The unit in Taylor County was discontinued in August of 1933, however, but was reorganized in March, 1936, and has been in continuous operation since that time. Dr. C. A. O'Quinn, who became health officer when the unit was reorganized, continues to serve in Taylor County as well as in Madison County, which unit was additionally placed under Dr. O'Quinn's directorship when it was organized in May, 1942.

The noticeable drop in the incidence of hookworm infestation is another example of the progress made by this health unit since its organization. In 1931 there were 3,062 cases of hookworm reported in Taylor County, while in 1943 only 186 positive cases were reported. Certainly the statistics show that Taylor County can well afford to celebrate not only its new home but its fine record.

Attention: Florida Physicians. Look out for this man. His pet practice is to finagle narcotics from unsuspecting physicians. He may call at your office any day in simulated pain, begging your help. He is wanted by the STATE BUREAU OF NARCOTICS, and a reward of $200.00 is offered by the bonding company for his apprehension.



SUBJECT: Tom D. Nobles (Wm.) alias Dan Nobles.
Age 34/1944; Height 5 ft. 10 inches; Weight 295;
Hair dark brown; Eyes gray; Complexion fair;
Build stout (obese). Small scar on bridge of nose.
Drug Addict. Bad check artist. Con-man.

Subject is wanted for violation of the Florida State Uniform Narcotic Drug Act at Tampa, Florida, on November 11, 1943. He was released on a $2,000.00 bond and failed to appear for trial, his bond was estreated on May 29, 1944, and a fugitive warrant issued for his arrest. If apprehended, or information is received concerning the whereabouts of this subject, please phone or wire collect:

Marshall H. Doss, Director State Bureau of Narcotics
Post Office Box 210, Phone: Day 5-0953. Night 3-1834
Jacksonville, Florida.

PENICILLIN

This drug is now available for selected cases of early syphilis. Only those patients in the first and second stages of syphilis, darkfield positive, without previous treatment at any time, will be eligible for treatment with penicillin. This drug is also available for those cases of gonorrhea who fail to respond to one course of the sulfonamide drugs. Gonorrhea can be cured in twenty-four hours and syphilis in four to eight days. This should encourage those persons infected with syphilis and gonorrhea to accept the services of the Rapid Treatment Centers in the State. These centers are located in Pensacola, Wakulla, Jacksonville, and Ocala.

Those patients not eligible for penicillin treatment will be placed on some other short schedule of treatment; such as the 8-day, slow, intravenous drip method of arseno-therapy, or the 1-day fever-arseno-therapy. If patients will now present themselves for treatment in the early stages of their infections, they need not fear or dread the long drawn-out types of treatment. Contact your local physician, county health officer, or the State Board of Health for further details.

Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • AUGUST, 1944 • VOL. 36 • No. 8

HEALTH EXAMINATION NUMBER

Florida HEALTH NOTES

ESTABLISHED 1890

ACCREDITED HEALTH UNITS

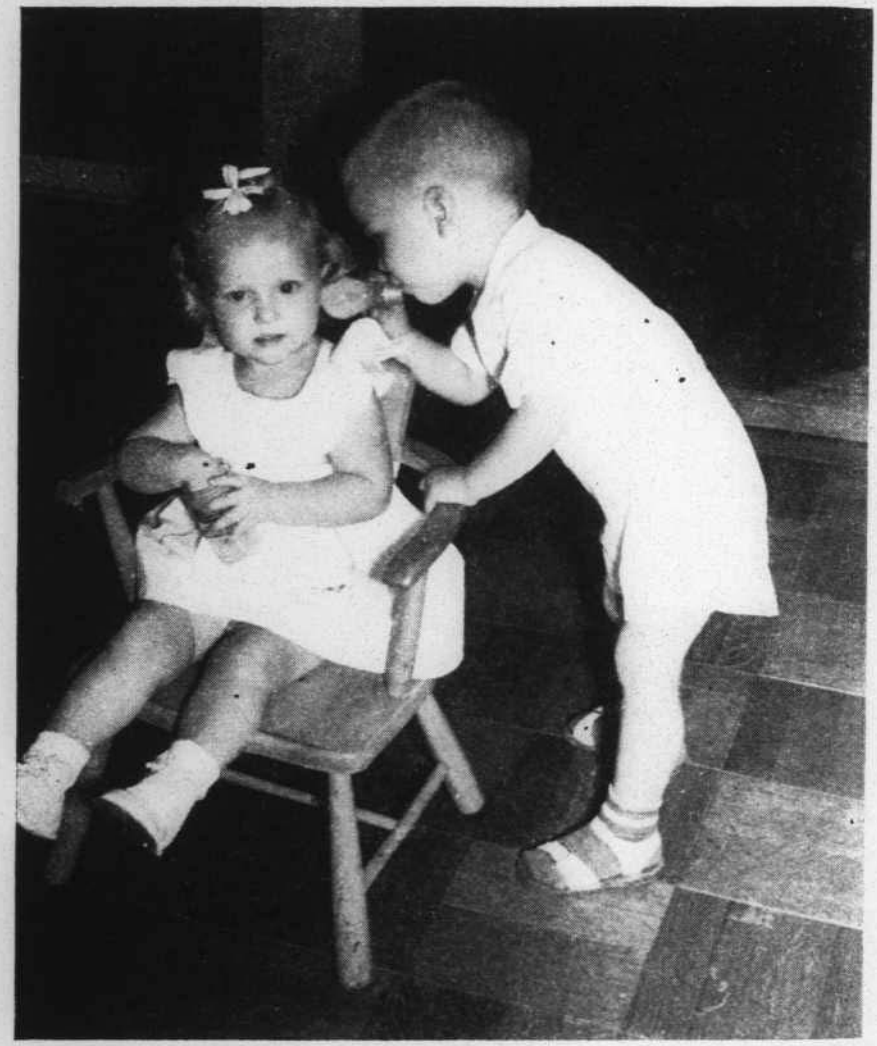
County	Town
Alachua	Gainesville
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Sumter	Bushnell
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

This issue of Health Notes is dedicated to the medical men and women of Florida and of America who are serving so unstintingly and so indispensably in the war effort. Because today nearly half of our doctors are serving with the armed forces, the home-front doctor has twice as many persons to care for. There are at present approximately 1,700 persons dependent upon each of our physicians, on a national average. This is a tremendous case load, and yet in Florida each physician must serve on an average of 2,185 persons.

We can express in action our appreciation for the splendid service of our physicians by checking regularly our personal health status—by reporting to our doctors *before* health problems become time-consuming for them and detrimental to us in our own efforts to serve. Let us prove the deep respect we hold for our physicians by:

- ★ **Making appointments early. We can afford to wait several weeks *now* for the health examination that will prevent time-consuming house calls later.**
- ★ **Keeping appointments promptly. We *can* avoid postponements.**
- ★ **Following the doctor's advice to the letter to avoid needing additional attention later.**



Lamar Logan, son of Mr. and Mrs. William W. Logan, Jr., 453 Marmora Drive, Tampa, demonstrates to Judy Moore, his next-door playmate, his idea of the "otoscope" his doctor explained to him when examining Lamar's ears. An educational health examination was evidently administered to these three-year-olds several weeks ago, judging by their subsequent eagerness to play "doctor" at every opportunity. (See back Cover). *(Staff photo).*

The front cover page shows Katherine Louise Thompson, age 4, daughter of Mr. and Mrs. J. B. Thompson of Fernandina, receiving her annual health examination from Dr. George Dame, who, when this picture was taken, was health officer for Nassau and Baker counties. May every child have the confidence in her physician that Katherine Louise demonstrates. Katherine's mother was right there too, but said she wouldn't "spoil the picture." During August, Dr. Dame was appointed as Director of the Bureau of Local Health Service, State Board of Health. *(Staff photo).*

FAMILY FITNESS THROUGH PERIODIC HEALTH EXAMINATIONS

by E. F. HOFFMAN, M. D., *Director*
Bureau of Epidemiology, State Board of Health

Physical fitness—the maintenance of optimum health through periodic health examinations, the correction of defects, frequent self-evaluations, and adherence to sound daily health practices, including physical development through the right kind of exercise—has become the "pass word" in the drive for the conservation of manpower. In a true democracy the responsibility for sound health rests with the individual and family insofar as this is economically possible, just as individuals and families are responsible for providing themselves with food and shelter.

Securing adequate periodic health examinations is basic to physical fitness. For this service and other medical services individuals and family groups should refer to their family physician, insofar as possible.

To safeguard national health certain social responsibilities must be shared by all so that persons unable economically to secure private medical care can be served. Modern public health centers are designed to provide health examinations for all members of the family, offering services for expectant mothers and other adults, for infants, for preschool and school children.

Emphasis on **family** health conferences predicates the presence of the parents at the children's health examinations and should include the parents' periodic check-up, although all examinations are not necessarily conducted at one call. Health examinations should be considered a family affair whether conducted by the family physician or the public health physician.

These health conferences should be educational demonstrations, teaching family members to recognize characteristics of normal health as well as deviations from normal. All should be urged to seek sound medical advice and service

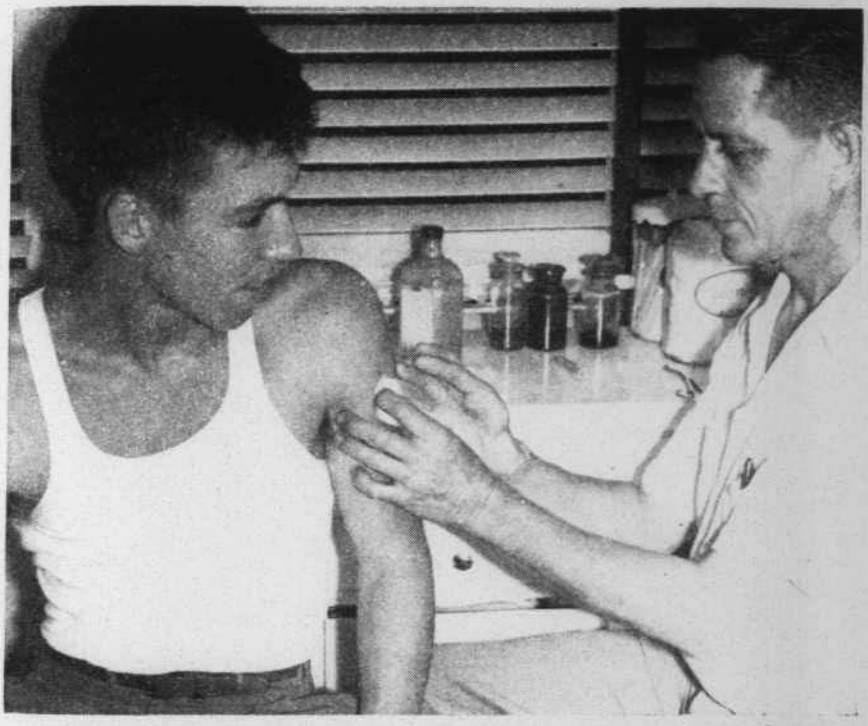
when **early** symptoms of physical, mental, or emotional deviations from normal first occur. Defects or deficiencies found in school age or older members of the family should serve during these conferences to teach parents how similar defects may be prevented among younger children.

Concern for the child begins long before his birth. Mothers need good prenatal and delivery care and children need competent medical supervision from infancy to school age if boys and girls are to enter school physically fit. During the preschool period, child health practices are developed pertinent to sound nutrition, sufficient sleep and rest, proper elimination, the avoidance of over-stimulation, wholesome play and exercise, favorable social attitudes and self-control.

Immunizations against certain communicable diseases should be first given between the child's third and twelfth months of life as well as prior to his entrance to school. Dental supervision and care should be secured throughout the preschool period and all defects corrected before the child enters school. Hookworm tests should be taken as early as evidences warrant and treatment administered where needed.

The development of a satisfactory school health program is primarily a prolongation of good health supervision and care during the prenatal period, at birth, during infancy, and during the preschool period. School health services offered through the county health units do not involve at present the complete health examination of every school child. Through school health education children should be taught to evaluate continuously their own health and environmental conditions and to secure through their own and family efforts an annual health examination by their family physicians.

In accord with present practice only selected groups of school children are examined through the local health unit. Bulletin No. 4, Florida's School Health Program, outlines the responsibilities of classroom teachers for making preliminary or "screening" surveys of students, including systematic continuous observations for signs of deviation from normal, periodic weighing and measuring, and the testing of vision and hearing. The teacher is thus able to screen out at intervals the children most in need of a health check-up. All new students should be checked. Students reporting for competitive athletics should secure examinations before the practice season begins.



Ted Arnold, star football player at Fletcher High in Jacksonville Beach, reports to Dr. Earl H. Roberts, his family physician, for a thorough "going over" before school and the football season get started. *(Staff photo).*

The public health nurse assists each teacher in her selection of pupils and ascertains from the parents whether the children will be taken to the family physician or whether arrangements should be made for a family conference at the public health center. The teacher, the child, and the nurse participate in inviting the parent to attend the examination.

Continuous health protection is needed until the child reaches maturity, after which, as an adult, his fitness for employment, marriage, national service, and other adult pursuits must likewise be safeguarded.

Overemphasis on health examinations for special groups at specific age levels should be avoided unless it is understood that regular periodic health examinations are being conducted as well. Too often our special health examination program for those "just before entering school," "just before reporting for work," "just before marriage" exemplify, important

(Continued on Page 173)

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION RE-EMPHASIZES THE NEED FOR A PHYSICAL FITNESS PROGRAM:

Colonel Leonard G. Rowntree[1] discusses the findings of 13,000,000 physical examinations of selective service registrants in the **Journal** for July 22, and states:

"While the primary objective of these examinations was for the selection or rejection of men for the military service, there has emerged as a by-product a picture of the health needs of the nation. . . . The picture as a whole shows that of some 13,000,000 examinations given there are still approximately 4,000,000 rejectees, despite the lowering of standards and all the rehabilitation that has been carried on throughout the nation. In addition, the discharge rate continues high."[2] The following table is presented by Colonel Rowntree:

ESTIMATED PRINCIPAL CAUSES FOR REJECTION OF REGISTRANTS 18-37 YEARS OF AGE IN CLASS IV-F, AS OF MAY 1, 1944[a]

(Preliminary) Principal Cause for Rejection	Number	Per Cent
Total	4,049,000	100.0
Manifestly disqualifying defects	425,700	10.5
Mental disease	657,100	16.2
Mental deficiency*	563,300	13.9
Physical defects	2,345,200	58.0
Musculoskeletal	303,500	7.5
Syphilis	286,800	7.1
Cardiovascular	261,600	6.5
Hernia	229,000	5.7
Neurologic	208,600	5.1
Eyes	206,100	5.1
Ears	256,100	3.9
Tuberculosis	107,700	2.7
Lungs	69,600	1.7
Underweight and overweight	60,700	1.5
Feet	51,700	1.3
Abdominal viscera	50,600	1.2
Kidney and urinary	41,900	1.0
Varicose veins	40,700	1.0
Genitalia	40,400	1.0
Endocrine	38,800	1.0
Teeth	35,800	0.9
Skin	24,900	0.6
Neoplasms	24,900	0.6
Nose	24,300	0.6
Gonorrhea and other venereal diseases	18,200	0.4
Hemorrhoids	16,500	0.4
Mouth and gums	11,000	0.3
Infectious and parasitic	4,200	0.1
Throat	4,000	0.1
Blood and blood forming	3,800	0.1
Other medical defects	23,800	0.6
Nonmedical defects	57,700	1.4

*Includes registrants rejected for educational deficency before June 1, 1943, and for failure to meet minimum intelligent standards after that date, as well as those rejected for mental deficiency.

Furthermore, states Colonel Rowntree:

"Lack of physical fitness prevailed among the youth of the country because the nation failed to recognize its importance and because youth itself failed to earn fitness. Where does the fault lie? The present situation is the result of indifference and apathy on the part of the government, states, municipalities, parents, teachers, churches, the medical and dental professions, the United States Public Health Service and, to a certain extent, of youth itself. It is in a large measure failure in our education system and our homes. The failure is a combined one; youth is the victim. Only concerted efforts of all those concerned in the failure can bring about the cure or, what is still more important, prevention for the future.

"The medical profession, in doing this work itself (selective service examinations), has itself acquired the knowledge, has revealed the national needs, and now it must come forward with a program to meet these needs."[2]

The Continuing Program for Physical Fitness Outlined

". . . in 1943 the President created a national committee on physical fitness under the egis of the Federal Security Agency and the chairmanship of Mr. John B. Kelly. This committee has worked assidiously . . . to educate the public . . . has aided many groups here and there in every state in the Union to set up the machinery whereby physical fitness may be attained . . . has found that a great national movement for greater physical fitness awaits vigorous medical leadership . . .

"The National Committee on Physical Fitness specifically requested the cooperation of the American Medical Association:

★ **"Through a committee of five to act jointly with a similar group[4] from the National Committee in the development and operation of a physical fitness special emphasis year," designating "the year beginning September 1, 1944 as the 'Physical Fitness Year.'**

★ **"To develop future planning during the Physical Fitness Year, which might include the consideration of a suitable organizaton to handle the problem in perpetuity and to forestall for the future a recurrence of the situation . . .**

"This would only initiate a program that will go on for years. It must become a part of our school programs at every level—elementary, secondary, advanced and adult. It must become a part of the personal hygiene and regimen of each individual as expressed in habit.

"I have only . . . suggested the obvious need and the great opportunity which is before us for making the nation biologically fit for whatever is its mission in the postwar world."[2]

OTHER PERTINENT EXCERPTS—

A report of medical and dental examinations of 5,623 senior and junior high school students in the Cincinnati Victory Corps program was described in the **Journal of the American Medical Association** by Carl A. Wilzbach, M. D., who states:

> "Of students examined dental caries was present one or more times in 4,698, or 83.3 per cent. . . . 6.1 per cent had impairment of vision. . . . abnormal heart condition. . . . 5.3 per cent . . . 2.1 per cent had some hearing loss. . . . 2.44 per cent of the total defects were enlarged and diseased tonsils.[5] . . . There was found a need for more serious concern for rheumatic fever and heart disease in school children. . . ."[6]

The U. S. Office of Education Committee on Wartime Health Education for High Schools, in "Physical Fitness Through Health Education for the Victory Corps," states:

> "Defective teeth and vision have been selected for special emphasis because of their high incidence . . . Of the approximately 1,000,000 men who were rejected (for military service through February 1943) 188,000 were disqualified because of teeth or mouth conditions, and 123,000 because of defective vision."[7]

On the basis of these findings and others it was decided to devote separate attention in this issue of Health Notes to problems of dental and eye health.

---

[1]Colonel Leonard G. Rountree, Medical Reserve Chief, Medical Division, National Headquarters, Selective Service System; Vice Chairman, National Committee on Physical Fitness, Federal Security Agency, Washington, D. C.

[2] Rountree, Col. Leonard G.: National Program For Physical Fitness. Jl. Am. Med. Assn. 125: 821-826, July 22, 1944.

[3]Ibid, page 825.

[4]Members of the Joint Committee, under the chairmanship of Colonel Leonard G. Rountree, include Mr. A. H. Pritzlaff, past president of the American Association of Health, Physical Education and Recreation; Mr. Arch Ward, sports editor of the Chicago **Tribune**; Dr. Hiram A. Jones, state director of physical fitness for New York; Dr. William P. Jacobs, president of Presbyterian College, Clinton, S. C.; Dr. John W. Studebaker, commissioner of the U. S. Office of Education, and, representing the American Medical Association, Dr. Roscoe L. Sensenich of the Board of Trustees; Dr. Louis A. Buie of the Mayo Clinic, Rochester, Minn.; Dr. Morris Fishbein, editor of the Journal; Major General George F. Lull, Deputy Surgeon General of the U. S. Army, and Dr. William D. Stroud of Philadelphia. The committee held its first session in Washington on July 14, at which time plans were inaugurated to interest the American people in the program for physical fitness. (From A. M. A. News, July 20, 1944, p. 2).

[5]It is generally recommended that needed tonsilectomies be performed at other times than during the summer months when there may be related dangers of infantile paralysis.

[6]Wilbach, Carl A., M. D.: Physical Fitness Program. Jl. Am. Med. Assn., 125: 828-829, July 22, 1944.

[7]U. S. Office of Education: Physical Fitness Through Health Education for the Victory Corps, Washington, U. S. Government Printing Office, 1943 (Victory Corps Series Pamphlet No. 3), p. 8.

CHECKING DENTAL DEFECTS

by D. H. TURNER, D. D. S., *Director*
Bureau of Dental Health, State Board of Health

"The rate of rejections for dental defects has been very high and . . . on the increase rather than on the decrease . . . so high that it became necessary for the armed forces virtually to abolish dental standards, to accept men wih dental defects and to rehabilitate them within the military services."[1]

Already much of that precious summer vacation time so treasured by school children has slipped away, and it will soon be time for them to return to their books. Along with them will go thousands of beginners. To those entering school for the first time it will be a real event, and they, as well as the older school children, deserve to be as strong and as unhampered by **preventable** handicaps as possible.

Normal, happy children are the ones most likely to develop into the best citizens. It is the responsibility of parents, schools, and communities as a whole to keep children mentally and physically free from preventable disease.

Pertinent facts accepted by the dental and medical professions are:

- ★ Dental health and general health are closely connected.
- ★ Many serious dental diseases and discomforts and subsequent general health problems could be avoided by the timely use of **preventive measures.**

Using part of the children's vacation time for their dental check-ups would be a wise preventive measure both for the children and for their parents.. It is more difficult to make and keep dental appointments for children during the school term. By finding and checking dental troubles **now,** much later suffering may be spared children and parents alike. A great saving in dollars and cents will also be effected.

[1]Rountree, Col. Leonard G.: National Program For Physical Fitness. Jl. Am. Med. Assn. 125: 821-826, July 22, 1944.

Mrs. Earl B. McCabe, 1311 Greenridge Rd., Jacksonville, follows the family dentist's advice by holding practice sessions on proper teeth-cleaning with her children Martha Jo, Earl Jr., and Judy, who have recently received their summer dental check-up. *(Staff photo).*

There is no doubt that infected, neglected teeth cause a great deal of unnecessary illness. One of America's greatest authorities has stated that many diseases which affect the human system can be traced to the mouth.

Unfortunately, at the present time, the actual cause of dental decay is not known; and until the actual cause is known, there will be difficulty in entirely overcoming it. However, it is quite definitely known how to prevent serious dental decay for a large majority of children. Employing four simple rules in the daily lives of children will provide them with better teeth.

First, the child needs proper nourishment. Teeth are composed largely of calcium or lime and phosphorus. Since these minerals are obtained from foods, the child must have a sufficient amount of the foods which are high in calcium and phosphorus for his bones and teeth to be well nourished. That means plenty of milk, vegetables, fruits, whole grain cereals and breads, meat and eggs.

Second, the child's jaw bones and supporting tissues about the teeth need exercise. Eating a certain amount of coarse food each day or each meal will stimulate the jaw muscles and keep them healthy. Brushing the teeth and gums at least twice a day with a good brush will also stimulate the gums and the supporting tissues of the teeth.

Third, the child's teeth and mouth should be kept clean. While in a general sense it is not true that a clean tooth never decays, it is true that clean teeth are less likely to decay than are unclean teeth. From a hygienic and esthetic standpoint, teeth should be brushed thoroughly at least twice a day. A clean mouth certainly adds to the attractiveness of any child or adult.

Fourth, the child needs early and regular dental attention. To paraphrase an old and popular maxim, "A stitch in time saves nine," we might say, "A trip in time saves nine." One or two early trips to the dentist before decay has progressed very far will not only save the child several long and painful trips later, but will also save him from contracting some serious physical disability resulting from infected teeth.

One of the important recommendations made a few years ago at the White House Conference on Child Health and Protection was that a working knowledge of the human machine and the maintenance of its smooth performance is as essential for school children as the three R's. Let's all do our part in teaching children how to care for their teeth properly. Let's make clear the importance of healthy teeth and a clean mouth in preserving good general health.

SIGHT-SAVING IN FLORIDA

by R. HENRY P. JOHNSON, *Executive Director*
Florida Council for the Blind
Wallace S. Building, Tampa (2) Florida

In 1941 the Florida Legislature enacted a law which led to the establishment of the Florida Council for the Blind for the purposes of preventing blindness, restoring sight, socially adjusting the blind, and promoting the vocational rehabilitation of the blind.

The urgent need for directed action toward better sight conservation is shown by the following national statistics:

- ★ Approximately 250,000 persons in the United States are blind.
- ★ One out of every ten elementary school children has defective vision.
- ★ Two out of every ten high school students have defective vision.
- ★ Four out of every ten college students have defective vision.
- ★ In a single year 2,500,000 man-hours were lost in American industry because of eye injuries.
- ★ Physical examinations conducted for the selection of men for the armed services revealed that of twenty-seven listed physical causes for rejection defective vision ranked sixth in frequency. (See pages 164 and 166).

The problem of blindness and preventing blindness is more acute in Florida than in most states. A survey made by the Florida Council for the Blind to ascertain the number of persons requiring their services revealed a tremendous unmet need. More blind persons were receiving relief grants from the State Welfare Board in Florida than in any other state. A sample survey among Aid to the Blind recipients indicated that more than four hundred of those surveyed could have useful vision restored through proper medical attention.

A study made at the Florida School for the Deaf and Blind in St. Augustine disclosed that 17% of the blindness among enrolled students was due to Opthalmia neonatorum, an

Patriotic play activities can be enjoyed which do not involve the use of even unloaded firearms which are dangerous and responsible for many eye injuries. Allen and "Beth" Reed, children of Lt. Col. and Mrs. Leon J. Reed, of 25 W. 27th Street, Jacksonville, demonstrate the natural play interests of children in wartime—which CAN be re-directed. Scissors with round ends should replace the sharp pointed shears which "Beth" and her neighbor, Virginia Perry, (R) are using to cut paper-dolls. *(Staff photo).*

eye infection received during birth because of the mothers' infection with gonorrhea. The average for all similar schools for the blind throughout the United States indicated only a 7% enrollment due to this cause of blindness.

The tragedy of the problem lies in the estimate that approximately three-fourths of the blindness in Florida could have been prevented. Recently enacted state legislation requiring the administration of prophylactic drops in the eyes of newborn infants and the venereal disease control measures of the State Board of Health will contribute greatly to the prevention of much blindness in Florida. Additional venereal disease control legislation is needed and should receive public support.

It is hoped that the safety department of the State Industrial Commission will continue to expand its program for greater eye safety in Florida industries. Strict requirements should be made and enforced for the use of goggles by workers in certain hazardous industries.

Above all it must be stressed that individuals and family groups are responsible for following sound personal practices for conserving sight, and for preventing eye disorders. To this end the Florida Council for the Blind suggests the following procedures and urges that all individuals and agencies assist in promoting these health practices on the part of all:

- ★ Secure periodic eye examinations as a part of your regular annual health examination, or visit a good eye specialist at frequent intervals in addition to your regular check-up.
- ★ Wear the glasses prescribed by your specialist if glasses have been recommended. Be sure to have them checked at frequent intervals for adjustments.
- ★ Secure the right amount of the right kind of light for every activity you perform insofar as possible.
- ★ Eat daily the foods which will insure your body of the nutrients important for eye health, particularly Vitamin A, supplied in yellow vegetables, butter or fortified margarine, eggs, and fish oils such as codliver oil.
- ★ Use only the home remedies for eye trouble that are approved or recommended by your physician.
- ★ Guide children's play toward activities safe from possibilities of eye injuries. There are many games which promote physical development, good sportsmanship and sound social attitudes which do not involve dangerous playthings such as toy guns, B-B guns, arrows, stones, sharply pointed scissors and sticks, fireworks and explosives, and sharp flying particles. Children should be taught to use pointed tools and utensils carefully. Practices which avoid dangers from automobile accidents, burns, and falling should be followed for eye safety as well as for general safety.

Teachers can assist greatly in preventing blindness by guiding children—and through them, their parents—in the development of sound eye health practices, by observing school lighting recommendations, by providing seating and study adjustments, and by testing the eyes of the pupils periodically with the Snellon Charts, referring deviations from normal vision to the public health nurse.

The Florida Council for the Blind looks to the postwar period for the establishment of at least three well equipped eye clinics located so that as many Floridians, both white and negro, as need it can secure medical attention for their eyes. Sight conservation is the work of many agencies to the end that all individuals assume responsibility for securing frequent eye examinations and for observing eye health and safety practices.

FAMILY FITNESS (Continued from Page 163)

as they may be, a case of the "tail wagging the dog" in the broad year-around program for regular periodic health examinations for all. Sponsors for such programs are first to admit that if all persons were securing periodic check-ups the need for special programs would be minimized. Expediency and even necessity have often justified these special programs which can be conducted advisedly if balanced by equal enthusiasm for the regular continuing program.

Full-time local county health units in Florida schedule regular hours each week for conferences with expectant mothers, for infant and well-baby conferences, for immunization clinics, for other clinics and diagnostic testing. Health officers will arrange for health examinations for persons of any age who need and seek this service.

The mobile X-ray unit of the State Board of Health visits each county health unit at scheduled times throughout the year. Arrangements can be made through local health unit directors for free chest X-rays. The Dental trailer of the State Board of Health also visits each health unit for scheduled periods.

Regardless of whether examinations are secured through the family physician or through public health unit services, family living conditions related to health problems should be discussed during the conference with the physician. Concerted family action should be promoted thereby to a greater extent than through strictly individualized examinations. It is understood, of course, that there are also certain personal health problems not necessarily family problems which are best handled individually. Above all it should be remembered that not only should examinations be administered soundly and thoroughly, but that individuals must be educated to understand these values.

Have you read "Sight Conservation," the informational bulletin for teachers prepared by the Florida Council for the Blind in cooperation with the Florida State Department of Education? "School Lighting Suggestions," published by the Florida Council, is also available as are many publications of the National Society for the Prevention of Blindness through:

The Florida Council for the Blind
616 Wallace S. Building
Tampa (2) Florida

NOTES ON EDUCATING FOR HEALTH EXAMINATIONS

by **ELSIE WITHEY**, *Acting Director of the Bureau of Health Education*

Much should be done by parents and teachers to prepare children psychologically for health examinations so that they are more soundly educational. The key to educating for periodic checkups, however, is primarily in the hands of medical men and women. **The kind of health examination received** will largely determine the values attached to it by each individual.

If the examining physician has been thorough, has explained carefully the findings and the procedures used, if correctable defects are being promptly treated, and if the services have been administered in a friendly, helpful manner, the individual is most likely to consider his experience worthwhile, eventually if not immediately. If, however, he is dissatisfied, his attitude will be negative. Either positive, negative, or neutral **attitudes will be formed,** and the opinions of each individual's family and close friends will likewise be influenced.

Each individual, however, is also responsible for the adequacy of his own examination. It is strange that so many persons inspect minutely the quality of clothing they wish to purchase, make insistent demands for efficient telephone service, examine critically many other commodities, yet report to their physicians to accept as little or as much as is offered, with few questions asked. No registered physician will refuse to answer reasonable questions nor will he fail to make examinations requested of him. **Any person dissatisfied with a health examination has either failed to insist upon an adequate medical checkup or he has selected the wrong physician.**

Throughout the nation, unfortunately, our population has supported men and women who call themselves doctors but who have no accepted license to practice medicine. No properly licensed physician will advertise his services nor will he fail to be registered with his county, state, or national medical association or with the State Board of Health. It is important that individuals become better educated to select effectively their own medical services and to use them wisely.

HAVE YOU READ THESE PAMPHLETS?

available from
The Florida State Board of Health Library
or
their original source

WHAT'S A HEALTH EXAMINATION, ANYWAY? by Haven Emerson, M. D. (Reprinted from Hygeia June 1923, Rev. 1938, copyright, 1923, 1938, 1942, American Medical Association).

PHYSICAL FITNESS AND MEDICAL EXAMINATIONS, by B. F. Austin, M. D. (Radio talk, delivered 1942, State Department of Health, Division of Public Health Education, Montgomery, Ala.)

THE HEALTH EXAMINATION, (Family Health Series, Guide for Public Health Nurses, no. 7B) Community Service Society, Dept. of Educational Nursing, New York, Sept. 1940.

PHYSICAL FITNESS GUIDE, State Defense Council of Florida. Published jointly by State Department of Education and State Board of Health, 1942.

PHYSICAL FITNESS THROUGH HEALTH EDUCATION (mimeographed)—Free.

PHYSICAL FITNESS THROUGH HEALTH EDUCATION FOR THE VICTORY CORPS. U. S. Office of Education, 1943.

HEALTH, HAPPINESS AND LONG LIFE—Free.

FLORIDA'S SCHOOL HEALTH PROGRAM—State Department of Education Bulletin No. 4.

SELECTION OF PUPILS FOR PUBLIC HEALTH EXAMINATIONS—Free.

RECOMMENDED IMMUNIZATION AND HOOKWORM TREATMENT PROGRAM—Free.

SCHOOL HEALTH INSTRUCTION RELATED TO LOCAL IMMUNIZATION AND HOOKWORM PROGRAMS—Free.

HOW TO HOLD A BABY HEALTH CONFERENCE—American Medical Association

FACTS ABOUT CHILD HEALTH, 1943. U. S. Department of Labor, Children's Bureau, 1943.

WHY YOUR CHILD NEEDS A HEALTH EXAMINATION. National Congress of Parents and Teachers, Washington, n. d.

CHILDREN'S HEALTH CONFERENCE (Form approved by the Children's Bureau of the U. S. Department of Labor. Press of American Medical Association).

HEALTH APPRAISAL OF THE SCHOOL-AGED CHILD: MINIMUM STANDARDS. Amercan Academy of Pediatrics.

EXPECTANTLY YOURS, by Mario A. Castallo, A. B., M. D. Macmillan, 1943.

TESTING THE SIGHT OF THE YOUNG CHILD, by Park Lewis (No source given on pamphlet).

CHILDREN'S EYES, by Willis S. Knighton. (Nat'l Society for the Prevention of Blindness, pub. no. 362. Reprinted from Sight-Saving Review, vol. 11, no. 3, Sept. 1941).

PROTECTION OF EYESIGHT AND NATIONAL DEFENSE, by Mason H. Bigelow (National Society for the Prevention of Blindness, reprinted from Sight-Saving Review, vol. 11, no. 1, March, 1941).

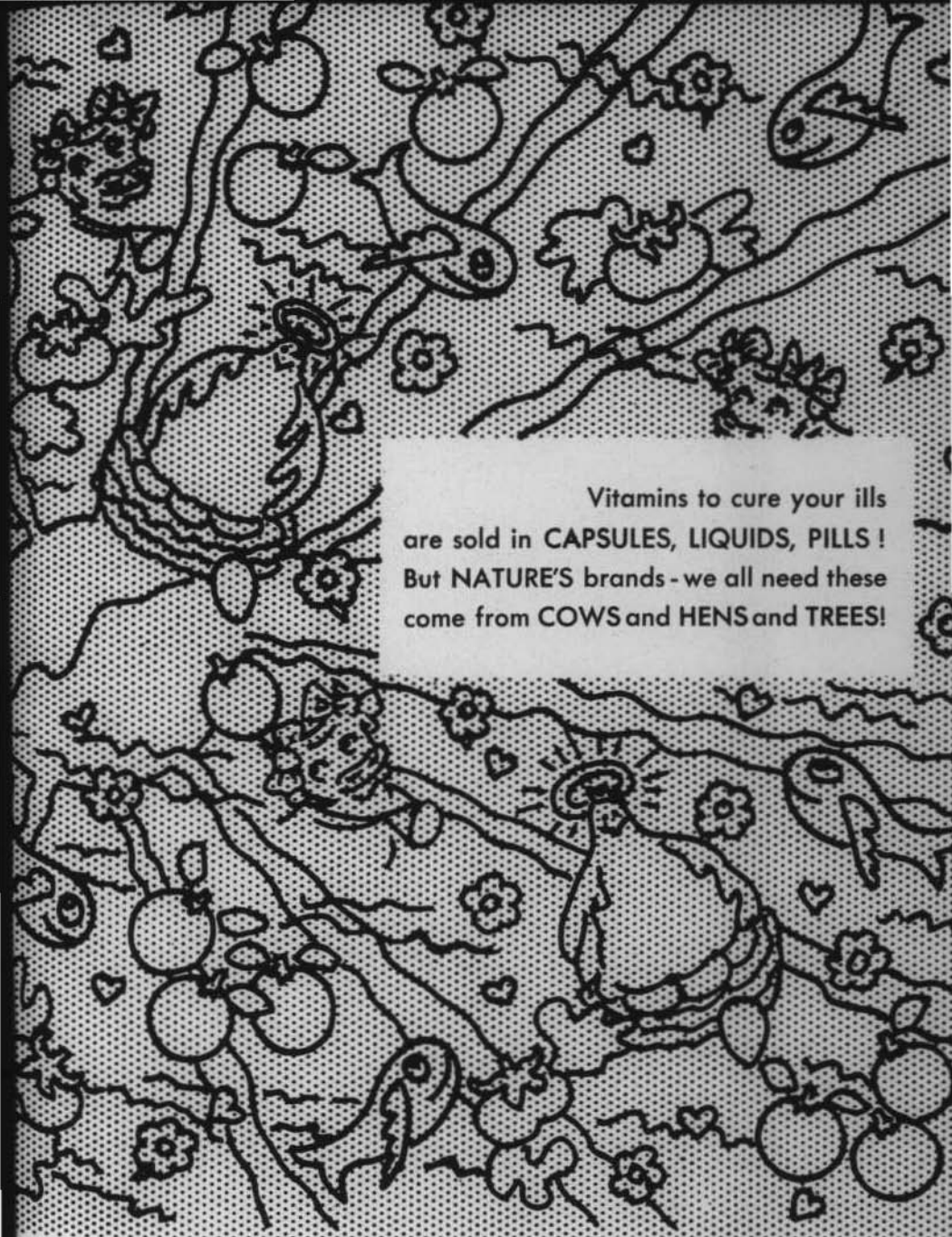
THE RESPONSIBILITY OF PEDIATRICIANS IN REGARD TO CHILDREN'S EYES, by Brittain Ford Payne. (Reprinted from Archives of Pediatrics, vol. LVII, no. 8, Aug. 1940).

SIGHT CONSERVATION. SCHOOL LIGHTING SUGGESTIONS. Florida Council for the Blind, Wallace S. Building, Tampa (2), Florida.

YOUR CHILD'S TEETH—prepared by Vivian Drenckhahn, M. S., C. P. H., and C. R. Taylor, D. D. S., M. S. P. H. (Distributed by the Bureau of Public Relations, American Dental Association, c1940).

FACTS ABOUT TEETH AND THEIR CARE—Free.

GOOD TEETH—Free.



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • SEPTEMBER, 1944 • VOL. 36 • No. 9

NUTRITION NUMBER

Florida HEALTH NOTES

ESTABLISHED 189

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

Throughout the nation, September is Nutrition Month. During this month, interested state, federal, voluntary agencies and professional and non-professional groups are combining their efforts to improve the health of our people through better nutrition.

The Florida State Board of Health offers this issue of Health Notes as part of its contribution toward the success of Nutrition Month. In January we presented some methods by which better nutrition is being brought about in Florida—notably, through the school lunch, the dental health program, the public nursing program, and through teaching nutrition in the elementary school.

For this issue we have asked the office of Home Demonstration Work, a director of a county nursery school program, and a county nutrition chairman to tell of some of the activities of these groups which promote better nutrition.

The excellent cooperation which has been shown by those who are asked to contribute to Health Notes is symbolic of the coordination of effort among all groups in the campaign for better nutrition.

THERE ARE "VULNERABLE GROUPS"

by **VERA WALKER**, *Nutritionist*
Bureau of Maternal and Child Health
Florida State Board of Health

FLORIDA'S PUBLIC HEALTH NUTRITION PROBLEMS

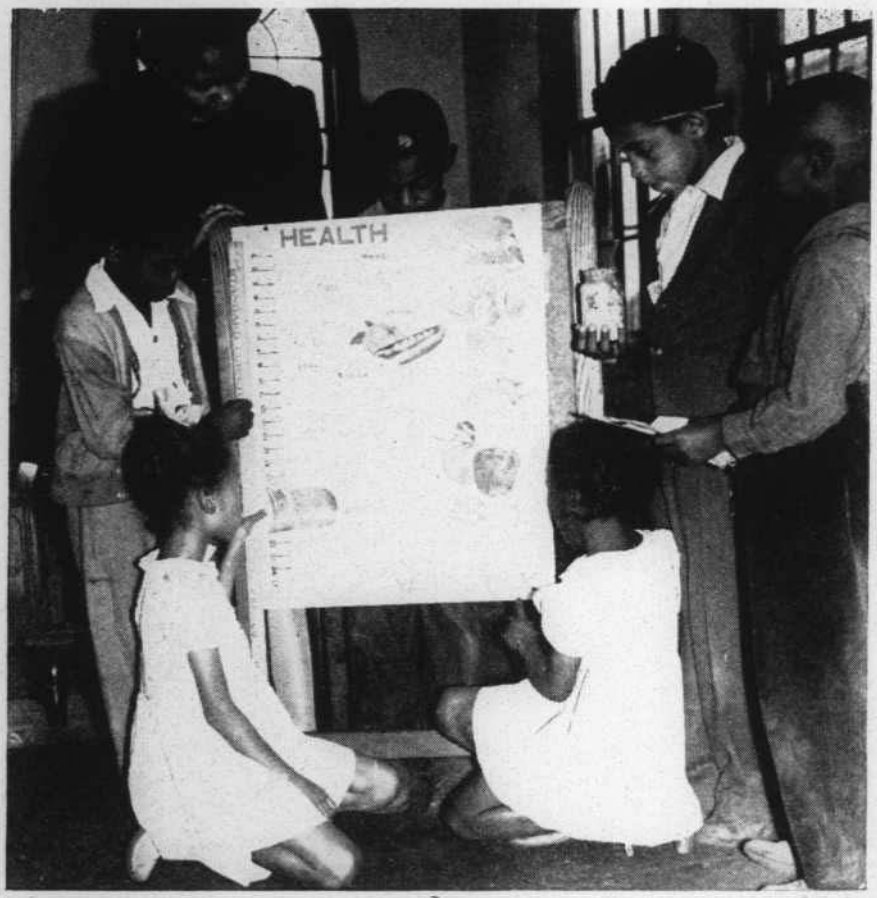
During the World Food Conference at Hot Springs last year, a new term was coined: VULNERABLE GROUPS. It was used to describe those human beings most easily injured by food shortages. At first the term was used in relation to babies, mothers and those about to be mothers. But it was soon broadened to include other groups affected by famine, food shortages, and poor habits. In Florida we have many vulnerable groups with large numbers of people in each group.

There are more mothers and babies in Florida now than ever before in history. We realize, more than ever before, the vital role of proper food during the prenatal period and the profound effect of diet on the health of the mother and on the physical condition of the baby. Congenital malformations can be produced in rats by feeding mother rats poor diets. Studies at Harvard show that congenital malformations, pre-maturity, and general debility are less likely to occur in human infants if the mother's diet is adequate.

We know more about feeding babies, too, to provide for their best growth and physical development. We realize the importance of giving additional foods early, both for the minerals and vitamins they contain and for educational purposes.

Thousands of young children are daily attending nursery schools where they receive at least one meal a day. Most of these, especially those under the public school system, are doing an excellent job in providing the food children need, and in teaching them to like the foods they should eat.

Mrs. Viola Humphries, instructor in the Adult Homemaking program, Duval County, and a volunteer, test a recipe submitted to the WHAT'S COOKIN' column, in the experimental kitchen of the Duval Vocational School. The column contributed by Mrs. Margaret Butterfield, chairman of the local Council's Committee, is carried daily by the Jacksonville Journal. Object is to stress the use of the abundant foods—help homemakers to buy wisely, plan wholesome meals, and avoid waste. See page 189. *(Staff photo)*



Negro schools in Tampa are outstanding in their efforts to offset the handicap of pupils belonging to the "vulnerable groups," as well as to encourage regular eating habits throughout the entire student body.

Observation revealed that too many children were coming to school without proper breakfasts—many without breakfast at all; that their every-day diet was often inadequate and not sufficient to supply needed energy for growing children. After one semester of city-wide instruction for all grades, on foods and their necessity for health, happiness and achievement, results began to manifest themselves encouragingly. Improvement in general health, and more alertness were noted. Particularly did class room averages rise to a new level. Now, after one year of nutrition study, Tampa's Negro youngsters are amazingly food conscious. Teacher of the fourth grade group is Theola Fuller, Dunbar Elementary School. *(Staff photo)*

An unknown number of children of all ages are in institutions of various kinds. Superintendents of these homes have great responsibility for the health of the children enrolled. All of the food these children eat every day is provided in these institutions.

More youths of school age are employed in industry or agriculture than ever before. Certainly they, too, are vulnerable as long as they are of growing age.

Low-income groups, both white and Negro, have been especially affected by higher food costs. They need to learn which foods are most important in nutrition, and how to buy the greatest food value for the least money.

More women are employed than ever before. Those who have the double duty of working for pay and making a home form another especially vulnerable group.

Then, too, there are many old people in our midst—there are more of them, and they are older. Old people have special food needs, too. They need more of the protective foods but fewer total calories.

Uncle Sam takes great care to provide the proper food for the men and women in the services. Who is responsible for the vulnerable groups left at home?

It is the responsibility of the public to take care of these groups at home as well as those in war-torn areas. We have the food to do it. It is up to all of us to help these groups secure the food they need—to teach them how to better feed themselves. We can do it, and are doing it. Nutrition Month is only the beginning.

DO YOU KNOW?

The practice of beating up raw eggs and drinking them in milk, once recommended, is now frowned upon. There is a substance in raw egg-white which combines with one of the B-vitamins and makes it useless to the body. Actual deficiency disease can be produced in experimental animals by feeding large amounts of raw egg-white, even though the diet is adequate. Eggs are an excellent food, but they should be cooked before being eaten.

The calcium of spinach, beet greens, and chard is not utilized by the body. Turnip greens and collards are nutritionally better than spinach. Somebody ought to tell POPEYE. Spinach is perfectly good food, but turnip greens are better.

Research work at Massachusetts State College shows that the presence of cocoa in milk (chocolate milk) decreases the nutritional value of the milk, whether measured in terms of growth, calcium utilization, or phosphorus retention. If you must flavor your milk, use chocolate only occasionally; try vanilla, postum, prune juice, or Florida cane syrup.

CHILDREN MUST EAT

by **MARION C. DODGE**, *Director*
Extended School Services Program
West Palm Beach, Florida

THE NURSERY SCHOOL FEEDING PROBLEM

Parents are constantly asking the question, "How do you get Mary to eat carrots or spinach at the nursery school when at home she refuses them?"

Such a question is not answered in one short statement but must be considered from many angles. It involves a broad view of many phases of the nursery school program which contribute to the establishment of eating practices.

First of all, the feeding program in a good nursery is well planned. The dining room is attractive and clean. The tables and chairs, dishes and silverware are all scaled to the child's size. Children of the same age level eat together.

The attractiveness of the meal served is only slightly less important than its nutritional adequacy, as this helps to determine the enjoyment with which the food is eaten. Most children are conservative in selecting new foods; therefore their introduction to these must come slowly, accompanied by foods already familiar to the child. Children are not made to eat a certain new or "disliked" food but are asked only to taste it.

A calm, quiet, yet sociable atmosphere is created by teachers and children which materially assists. Teachers are expected to eat all food placed on their plates as examples to the children.

A study of the child's family background is made and regular conferences with parents assist greatly in discovering some reasons for children's attitudes toward certain foods. Parents are frequently called in to eat with their children for purposes of redirecting parents' attitudes.

The child's total daily nutritional needs are taken into account in planning. It is very important that nursery school staff members know what the child has eaten before he comes to school and also what he will be provided in a later meal at home. Most schools plan for the daily requirements of individual children as well as for the total group.

Eating time is popular time—you can bet—at the Central Nursery School, West Palm Beach. The children, all offspring of mothers who work, are "delivered" at the nursery in early morning and stay until called for in late afternoon. They depend mostly, therefore, upon the food they receive at the nursery. Meals are planned by nutrition specialists. The nursery, which is also a teacher training and demonstration unit, is under the direction of Mrs. Marion Dodge. *(Photo by Robideaux)*

The mid-morning lunch, usually consisting of fruit juice, codliver oil, and a cracker, is given to the child at about 9:30 or 10:00 a.m. An afternoon lunch of milk and sandwiches or cookies is provided after the nap or sleep period. Many units operating on war time schedules provide both breakfast and supper. When this occurs, teachers in charge plan for the entire day's food intake in order to give the child all of his daily food requirements.

In the migratory camp schools, family units for the noon-day meal have been set up so that parents can eat with their children. The parents work from two o'clock in the afternoon until four or five o'clock the next morning. To meet the needs of these parents, the schools operate on a twenty-four hour basis, and the family units serve as a means of getting parents and children together some time during the week.

The feeding program is truly one of the most important functions of a good nursery school. With parents and children now living under such rigid and unusual circumstances, where homelife is disrupted, it is more important than ever that standards of nutrition be maintained and in many instances provisions made for more than actual minimum standards.

FAMILIES MUST BE FED

by **ANNA MAE SIKES,** *Extension Nutritionist*
Office of Home Demonstration Work
Florida Agricultural Extension Service

FLORIDA'S PUBLIC HEALTH NUTRITION PROBLEMS

Home Demonstration Work was established in Florida thirty-two years ago. Home demonstration clubs for women, with a total enrollment of 10,682 in 1943, including white and Negro groups, and the 4-H clubs for girls, with 12,771 enrolled in 584 clubs—white and Negro—during the same year, are organized on a community basis to assist with or initiate worthwhile community activities.

Through the years this agency has developed and encouraged a basic nutrition program. Florida families are realizing more and more the economic and health value of sound nutrition. They are becoming increasingly interested in learning more about the better use of home grown and home conserved foods and about the better cookery of more foods in palatable meals for the family to enjoy. Of the thousands of women and 4-H club girls who have enrolled through the years in home demonstration clubs, many have become "demonstrators" of improved nutrition in their own homes.

When war was declared, these same women were ready to serve as community leaders in giving practical information to others and in assisting with agriculture's contribution to the war effort. Home demonstration workers have cooperated with other agencies in promoting community nutrition campaigns, in guiding the expanding school lunch program, and in offering many nutrition and canteen courses.

With the war came a clearer public recognition of the urgency of sound nutrition. Home Demonstration nutrition work has been expanded, therefore, and plans made to give assistance to a much larger number of families. The aims of this wartime program are:

- ★ To help rural families to keep physically fit through improved food habits and an adequate diet
- ★ To help families to meet their own food needs by increased production and preservation of foods

Farm women have plenty of company and friendly competition with their canning these past three years. Their urban sisters have given them a close run in the vast amount of vegetables canned from their tiny victory gardens. The two girls in this picture, however, didn't even have a "victory patch" but were so canning-minded that they bought tomatoes from a local market. They are utilizing the free facilities of one of the many canneries serviced by the Office of Home Demonstration Work. Note the pressure cookers in the background, a MUST for canning low-acid vegetables as a safeguard against botulinus poisoning. More than 5,500,000 cans of vegetables, fruit, meat, fish, and fowl were canned in Florida last year. Duval canning kitchens under the supervision of Miss Pearl Lafitte.

(Photo by Elsner)

- ★ To help these groups to use available food to best advantage through sound meal planning and the conservation of food values in cooking and handling
- ★ To help families to cooperate with government war measures such as food rationing, food price ceilings, and the standardization of processed foods

The program has been expanded not only among rural families. Urban women soon recognized the values of the training rural women were receiving and asked for similar help. Last year 23,014 non-farm families in Florida were assisted. This cooperation and the better understanding of mutual needs between urban and rural people is one of the finest results of the program.

Additional emphasis and effort was applied to all phases of home demonstration nutrition work as war made its increased demands on food supplies and health. Both food production and food conservation programs expanded to reach higher and higher goals. Many farm women and girls did unaccustomed work in fields, helping to meet labor shortages and to increase food production. 38,657 home victory gardens were reported grown by women and girls enrolled in home demonstration clubs.

Decided increases were reported in the number of chickens and cows purchased by home demonstration families. Many additional fruit trees were planted and new calendar orchards started. As a result of successful food production, food conservation reported in 1943 showed a 400% increase over the figures for 1942. Community canning centers developed in trucking areas to convert commercial surpluses from tomato and vegetable fields and citrus groves into wholesome ready-to-serve foods, thus preventing the waste of good food already produced.

The food program has served as a means for supplying additional health information to Florida families who have been helped to recognize the close relationship between good food and family health and welfare. Cooperation with health authorities has made possible family guidance and health improvements in spite of shortages of available medical care.

Home demonstration agents and leaders have taken an active part in numerous cooperative nutrition committee programs in many Florida counties. They have assisted with the analysis of the most urgent nutrition needs within a county. Home demonstration workers will continue to be alert to the needs of Florida families during the war, and are beginning now to anticipate post-war needs. They will be prepared to meet post-war situations as they arise, just as all Agricultural Extension Programs strive for flexibility and a readiness to adjust so that new programs can be created to meet current needs.

Studies at the University of Arizona Agricultural Experiment Station show that there is a relationship between the nitrogen in the soil and the amount of vitamin C in grapefruit. Too much nitrogen reduces the amount of vitamin C. Trees that have a diminishing amount of nitrogen during the period of fruit growth produce fruit that is sweeter, better colored, and richer in vitamin C.

In spite of Florida's fame for citrus fruit, guavas, and other fruits rich in vitamin C, we still have occasional cases of scurvy. Shame on us!

HOUSEWIVES MUST LEARN

by **MARGARET BUTTERFIELD**, *Chairman*
Nutrition Committee
Jacksonville-Duval County Defense Council

NUTRITION SERVICE THROUGH A COUNTY DEFENSE COUNCIL

How does Mrs. America receive her nutrition information? According to a recent survey conducted in representative cities of the United States, the radio, newspapers, magazines, nutrition classes, and nutrition pamphlets have contributed to this end in the approximate order listed. The Civilian Defense Nutrition Committee in Jacksonville and Duval County has found from the comments, letters, requests, and records received and studied, that Mrs. Duval County has likewise received her nutrition information through these educational media.

The Nutrition Committee in Duval County is composed of volunteers and representatives of organizations interested in nutrition. Organization representatives are very helpful in pointing to local nutrition needs, in distributng leaflets, and in disseminating nutrition information through the organizations they represent. This work is more widespread than one might expect. For example, a Housing Project representative, who is a member of the Nutrition Committee, distributes hundreds of leaflets, gives helpful suggestions, and arranges for movies and nutrition classes for practically all of the tenants she visits. Volunteer members of the committee are of vital assistance in both long term and short term projects of a splendid nature.

Radio programs by the Jacksonville Committee have reached a wide audience because the committee, through its excellent radio chairman, has secured the valuable cooperation of Ann Daily, who conducts the only daily program planned especially for homemakers which is broadcast locally in Jacksonville over Station WPDQ. The Nutrition Committee is privileged in being Miss Daily's guest every Monday morning. The Committee radio chairman tries to introduce on this program as many local personalities as possible, and cooperates closely with the national food programs in whatever emphasis they are promoting at the time. The variety of offerings have proved a great

deal more satisfactory than the mere reading of recipes which may be miscopied or forgotten. Judging from the favorable responses received, this informal conversational program has been most popular. On special occasions spot announcements and longer programs have been offered over the air.

A popular newspaper venture has been the daily column in the **Jacksonville Journal,** which newspaper has provided the committee with not only column space but also with money to buy food for testing timely recipes. The column, WHAT'S COOKIN', is written by the chairman of the Nutrition Committee as a volunteer service. Volunteers test the recipes in the Homemaking Department of the Duval County Vocational School under the direction of the nutrition instructor there. The vocational school's cooperation with this project has been very valuable since the school is so well known in the county that readers have confidence in the recipes.

The object of the WHAT'S COOKIN' column is to test recipes, stress the use of available and abundant foods, help homemakers to buy wisely, plan wholesome meals, and avoid waste. It is short, informal and personalized. Some of the recipes are contributed by the volunteers in the testing kitchen, some are sent in by readers, and many are taken from government pamphlets. To be good, they must be fairly simple to prepare, use ingredients on local markets, and receive the approval of the "Poison Squad," which the members and guests of the testing group call themselves. Other nutrition articles of interest appear from time to time in both local newspapers. Since space and paper are scarce, the editors appreciate articles which are brief, interestingly written, and submitted in ample time.

Thousands of pamphlets have been distributed through the Nutrition Committee's consultant service. Consultants are volunteers who serve at an Information Desk located in the downtown area of Jacksonville area. More than 3,000 persons have used this consultant service during the past two years.

The "Tote-A-Lunch" project, sponsored by the Pilot Club and the Nutrition Committee, has been a unique and highly successful venture. "Tote-a-Lunch" is located in the clubroom of the Jacksonville Gas Corporation. Here Jacksonville business men and women may "tote" their lunches and purchase milk, tea, or coffee for a nominal sum. Milk is the most popular beverage and its sale has steadily increased. Leaflets suggesting adequate, attractively packed lunches are made available and

Here is a "handful" of the hundreds of business, professional and service men and women who visit the Tote-A-Lunch room every week, buy a bottle of milk or glass of tea and enjoy their made-at-home snacks with a leisure impossible to indulge in a public eating establishment. Mrs. Nell F. Smith, Tote-A-Lunch's director, is also Home Service Director for the Jacksonville Gas Corporation and is lent to the lunchroom two hours daily by that company. *(Staff photo)*

have proven their value through the noticeable improvement in lunches "toted" by the increasing number attending.

On the ground floor near the stairway to the Tote-a-Lunch Room there is an attractive area for reading. Comfortable chairs, a bookshelf of nutrition books, a table with current magazines, a telephone, and an attractive holder displaying free nutrition leaflets kept up-to-date by Nutrition Committee consultants, all serve to make Tote-a-Lunch Project not only informative but highly popular.

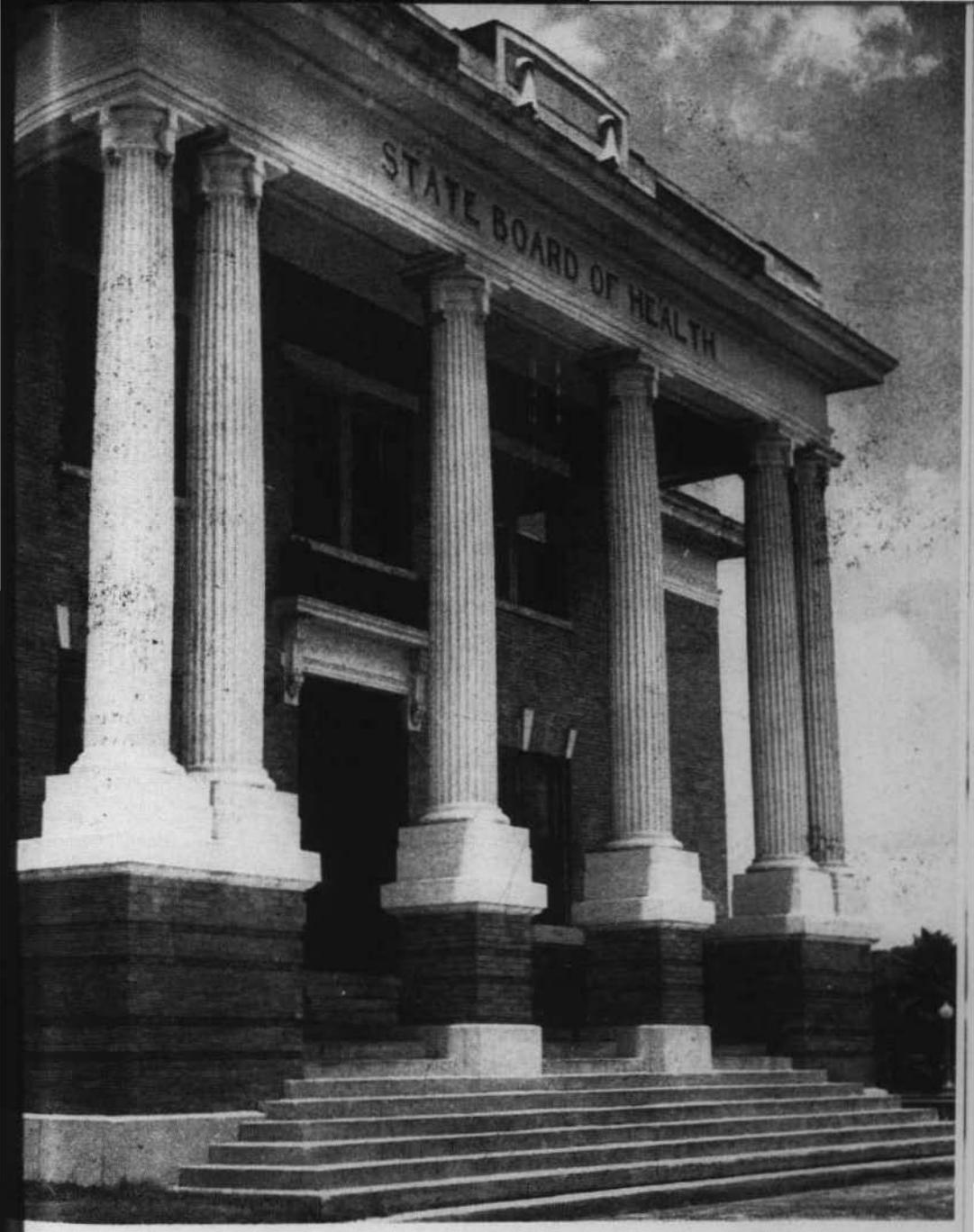
The Jacksonville-Duval County Nutrition Committee has been most gratified by the success of their nutrition education projects and extends the invitation to other Florida Nutrition Committees to share ideas, reports and results.

Standing in the lounge alcove looking toward the service bar in the Tote-A-Lunch room, one has a birdseye view of one of the three rows of attractively covered tables available gratis to anyone carrying his lunch to work. This picture was made before 12 o'clock and indicates the potential rush during the popular lunch from 12 to 1. The room is a joint endeavor of the Defense Council and the Jacksonville Pilot Club, and is donated by the Jacksonville Gas Corposation.

See back cover *(Staff photo).*

See page 191

Staff photo



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • OCTOBER, 1944 • VOL. 36 • No. 10

SCHOOL HEALTH NUMBER

Florida HEALTH NOTES

ESTABLISHED 19

Hon. Spessard L. Holland
Governor of Florida

BOARD MEMBERS

Herbert L. Bryans, M.D., President ..... Pensacola
William Parr, Ph.G. ..... Tampa
Robert B. McIver, M.D. ..... Jacksonville

Henry Hanson, M.D. ..... State Health Officer

STATE BUREAUS—DIVISIONS JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
George A. Dame, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elsie D. Withey,
Acting Director

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

ACCREDITED HEALTH UNITS

County	Town
Alachua	Gainesville
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Sumter	Bushnell
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE BUREAUS—DIVISIONS JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

HEAR YE! TEACHERS!
A CHALLENGE!

In addition to one other article of great importance to schools, this School Health number of FLORIDA HEALTH NOTES *presents the reports of two hookworm education programs in progress in Florida. Mark ye, as we also know well, there are many, many other fine programs under way which parallel — perhaps exceed — these presented.*

The editorial "loving cup" is hereby held high to urge you to send us the story of YOUR health program. Best returns will appear in our next School Health number. Most welcome will be STUDENT write-ups!

Pupils or teachers of any grade level may participate. Describe, in no more than 800 words, a phase of your health program that is proving most successful. Use the most original form of presentation that will clearly picture your progress or accomplishments. Photographs, charts, or diagrams will be welcomed. Submit your stories to the Bureau of Health Education any time before July 1, 1945.

Progress in any or all of the three major phases of school health education — health service, healthful school living, and health instruction — should be reported. The best, of course, will show the inter-relationship between the three phases. Most basic criterion will be the degree to which the health program is being actually translated into better, happier living among the children participating.

The purpose? To encourage an exchange of ideas and accomplishments — to give deserved recognition to schools, teachers, and pupils participating in sound, progressive school health programs. We're looking forward to hearing from many of you!

"LIVING" HEALTH AT THE LORETTO SCHOOL

by **RUTH STUART ALLEN**, *Publicity Consultant*
Bureau of Health Education

Nestling in a wide green lawn against a backdrop of student-planted pines, the Loretto school belied the "little red school house" of yesteryear with its gay dress of new brick and glistening windows when I went calling with Duval County public health nurse, Mrs. Vivian Ross.

I'd been hearing a lot about this 300-pupil elementary school's health program based on actual needs aiming at real, live FUNCTIONING results but because of an "I'm from Missouri" complex, I decided to see for myself.

After making the rounds of the school from the first grade to the heart of the pine forest (planted and maintained by the fourth, fifth and sixth grade youngsters) under the guidance of prinpical G. A. McCully, I was so inspired with both the workableness and the philosophy of the program that I chaff at insufficient space to portray a picture of the entire layout. Here, however, are some of the high lights of "what's cookin'" at Loretto.

Most important health campaign of last year was against hookworm, and has been labelled "The 100 Percent Program." And that means exactly what it implies, for every child in the school turned in a stool specimen for hookworm testing. Now, it seems an easy thing to hand out a little bottle to each child—but getting it back constitutes a major accomplishment—only a teacher knows the wide range of excuses children can give for failing to bring in those little bottles.

One would say this program was primarily successful because a really down-to-earth hookworm instruction program accompanied the testing at Loretto. The youngsters, and many of the parents—through the Parent-Teacher Association, teacher conferences, home visits by the nurse, sanitarian and teachers—learned what hookworm disease really is, how it spreads, and how it can be prevented and cured. In other words, pupils at Loretto learned the most important phase of the problem: the WHY.

These youngsters proudly display a chart which depicts Loretto School's struggle with the hookworm problem during the past six years. Although the lines show a fluctuation in the incidence rate, last year was the first time every child was tested for the parasitic disease. Hence, the 100 percent program. Educational phase in both school rooms and among parents is given complete credit for the splendid record. According to Principal McCully hookworm was a blushing subject and not until they overcame the embarrassment of discussing its cause and cure among both children and parents were they able to make any headway against the disease.

—Staff photo.

Privies and their construction became casual conversation. Without embarrassment, youngsters discussed bowel movements and stool specimens, and their relationship to the life cycle of the hookworm. Hailing this as a major accomplishment, Mr. McCully declared "It has taken six years to break down the barriers of false modesty. Six years ago only 50 percent of our homes were willing to cooperate with the testing program. It was a 'blushing' subject and not until we overcame this were we able to make any headway against hookworm. We feel that the 100 percent cooperation last year proves the job can be done. We certainly intend to stick to it, too."

Other features of the hookworm education program include:

- ★ **Children of the first two grades are not "over-dosed" with details, but upper grade children understand hookworm disease rather fully. Sixth graders, under the teacher guidance of Mrs. Grace Brown, keep a graphic chart on the school's infestation rate.**
- ★ **Health grades reflect what children do as well as what they know. A child's health grade is raised if he takes a hookworm test and particularly if he changes a positive reading to negative.**
- ★ **Results? The reduction of the school infestation rate, at the last reading, to 10 percent.**

Side by side with the study of healthful living, Loretto pupils are learning that trees, too, are often "sick" because of improper care and the neglected "stitch in time." Just as they are attacking and controlling hookworm among themselves, so are they waging war against one of Florida's pine forests' enemies, *cronartium fusiforme*. In this picture No. 1, youngsters from the sixth grade are cutting down an infected tree, which to one with untrained eyes, seems perfectly healthy. However, this is their third year of ferritting out *cronartium fusiforme* in their school-promoted forest, and they seem certain of their verdict.—*Staff photo.*

Here in picture No. 2 Loretto "Foresters" are examining the infected part of the tree they are cutting down in picture No. 1. *Cronartium fusiforme* attacks the tree, and in an effort to save itself, the tree pours forth great amounts of sap or rosin—with the apparent purpose of reinforcing its weakened sections against the decaying type of disease. Although *cronartium fusiforme* infected trees often live indefinitely, a whole forest may eventually become contaminated, if the disease is not controlled, thus causing untold economic loss. Loretto youngsters are giving their parents' woodlands the same close scrutiny as the little patch of forest behind the school building. Therefore, *cronartium fusiforme* among pines as hookworm among children is definitely on the downgrade around Loretto school.—*Staff photo.*

Another commendable project at Loretto is the correlation of health teaching with conservation. As disease can be prevented among people, so devastating plant diseases can be prevented, the children learn. According to state and county forestry department advisors to the school, many pine trees, even in the Loretto forest, are infected with *cronartium fusiforme.* This plant disease therefore, has become a target for study and action at both school and home.

Positive values of fine trees are emphasized and correlated with the development of appreciations for plant growth and outdoor life. Important features of the conservation program include:

- ★ **Planting slash pine seedlings each year on the school property and noting growth in response to changing condition.**
- ★ **Study and observation of the ill effects of disease, ravaging fires, and erosion on plant life—of the importance of good food, air, sunshine, and water for healthful life and growth, both in plant and animal.**

DECREASING HOOKWORM THROUGH A SCHOOL HEALTH PROGRAM

REPORTING SCHOOL HEALTH PROGRESS IN HOLMES COUNTY

A letter received by the Bureau of Health Education from Mr. Jack Prichard, formerly Principal of the Ponce de Leon School in Holmes County—now Principal of the Greenville School in Madison County.

September, 1944

Dear Mrs. Withey:

You have invited descriptions of school health programs. May I report on the hookworm education program conducted in the Ponce de Leon School in Holmes County? Maybe this letter will sound like bragging, but I do feel that progress has been made in Ponce de Leon which merits recognition.

In a nut-shell, a positive hookworm infestation rate of 90 percent among the school children was lowered to 10 percent through school-community efforts. Do you blame the folks for being mighty proud of their record? Here's a brief account of the high lights in the program.

Two years ago, before the Holmes County Health Unit was organized, a hookworm testing program was conducted which included every child from first through twelfth grades. The testing revealed a 78 percent hookworm infestation rate

Knowing how poorly children learn who are infested with hookworm, the teachers were determined to put "first things first" and eliminate this barrier to child growth and de-

Picture No. 3 is symbolic of what is happening to DISEASE at Loretto School. In pines, just as in children, disease is being controlled by attacking its source and then following through to its extinction. For even though a *cronartium fusiforme* infected tree is culled from the forest, it continues to be potentially dangerous so long as it is left near woodland. Principal G. A. McCully, in the right hand corner, looks on while licking red flames consume the last fragment of diseased trees cut from the school's forest project by the student body.—*Staff photo.*

Other noteworthy phases of the school health program are:

- ★ **All pupils' eyes are tested early in the school year by the use of the Snellen charts, followed by careful teacher observation for signs of deviation from normal vision. Assistance is received from the Jacksonville Kiwanis Club and the Duval County Health Unit for securing further examinations and needed treatments for faulty vision. I wish you could see Loretto's fine school lighting conditions.**
- ★ **All grades plan and observe the regular thirty-minute daily period for physical education conducted by classroom teachers.**
- ★ **Defects revealed by teacher observations, teacher-nurse screening procedures, and health examinations are followed-up and in most cases corrections made.**

How eager the principal and teachers were to tell me more and more! How I wish I could tell it all—and in greater detail. Basic to this fine school health program is the underlying philosophy of the school principal, Mr. McCully, who told me when I left, "You can't do much just talking about health. . . . You have to **do** it! You have to **live** it."

velopment. The cooperation of Dr. H. A. Stephens, a local physician, was secured, and arrangements made through him and representatives of the State Board of Health for the administration of hookworm treatments.

In each grade the teachers directed the study of hookworm disease, using the source unit for health instruction titled "Hookworm Prevention and Control in Florida" and pamphlets on hookworm secured from the Bureau of Health Education. Competition was stimulated among the grades and the eleventh grade was first to test 100 percent negative. The hookworm film* was shown and studied. Seniors were required to test negatively for hookworm before diplomas were issued to them. All basketball players had to show freedom from hookworm before they could participate in games.

At the end of that school year the positive count was reduced to 35 percent, which was considered far from satisfactory, but which showed progress and laid the groundwork for last year's program. One notable result was the change in attitude on the part of several students, teachers, and patrons. To be sure, certain criticisms had to be weathered. But the end results were so clearly positive that attitudes increasingly favored the continuation of the program.

Just before school opened last year the Holmes County Health Unit was organized and Dr. R. M. Robbins, tri-county health officer, and Miss Helen Lynaugh, health unit nurse, gave the program a wonderful boost in morale and technical advice. Again a check was made. The positive count was 90 percent, largely because the Leonia school had burned and we fell heir to their children, among whom little work of this type had been done.

The educational program was intensified, medication made available to all students, and with the added follow-up work made possible by the health unit, the total positive count for the school at the end of last year was down to 10 percent.

Interesting to me was the fact that in the preliminary testing last year of 75 first grade children, 69 of them were positive. This showed an urgent need for preschool testing and treatment, conducted in plenty of time for the effects of hookworm to be cleared up before children start to school. Miss Lynaugh tells me that progress has been made in establishing, through the health unit, well-baby or well-child conferences at various centers in the county through which these preschool services are now available. I am glad to hear this.

I understand, too, that the sanitary engineer at the health unit has been able to intensify the privy-construction program to prevent the recurrence of hookworm. Our sanitary engineer was appointed there only a short time before the close of the last school term.

That's the story—a thumb-nail sketch, I know. But starting right from scratch, with hookworm a-plenty, the Ponce de Leon School did a commendable job of facing and tackling a basic health problem, and the teachers in the school deserve credit for the work they have done.

Respectfully submitted,

Jack Prichard, Principal
Ponce de Leon, Florida

---

*HOOKWORM DISEASE, 16 mm. sound, available from Bureau of Health Education, State Board of Health, Jacksonville, Florida.

PROTECTING THE SCHOOL CHILD'S SIGHT

by R. HENRY P. JOHNSON, *Executive Director*
Florida Council for the Blind, Tampa 2, Florida

The need for more definite planning for sight conservation on the part of school officials and teachers can be seen at a glance in the following national averages:

- ★ **One out of every ten elementary school children has defective vision.**
- ★ **Two out of every ten high school students have defective vision.**
- ★ **Four out of every ten college students have defective vision.**

The majority of school activities, by their nature, tend to promote eye strain. What can the schools do to counteract this situation and help rather than hinder the eye health of children?

The Florida Council for the Blind, as a part of its program for preventing blindness, has studied this problem carefully and has published a pamphlet entitled, "School Lighting Suggestions," as a practical guide for school boards, administrators, teachers, and custodians. The pamphlet is free upon request from the Council, the offices of which are located in the Wallace S. Building, Tampa 2, Florida.

What are properly lighted school and home study rooms? The whole school room should be sufficiently and equally lighted with no glare. Each pupil should have at least twenty foot candles of light on his desk (the light equal to that given by twenty candles one foot away).

It is impossible for the human eye to measure light accurately. It is recommended, therefore, that each school have and use a light meter which will record the exact amount of light at any given point. Light meters may be purchased or borrowed from electrical dealers or light companies.

Proper lighting does not always mean increasing artificial light. Careful and intelligent control of natural light can often make the difference between adequate and inadequate lighting. The following questionnaire is suggested for school personnel:

The following pictures pertaining to the school child's sight were made at Dupont School, Duval County, one of the newest and most modern-lighted school buildings. Actually, it isn't necessary for Alvin Ledbetter to be either squinting or holding his book so close to his eyes to read. For the room light is adequate and Alvin's eyes, according to the Snellen test, are all right, too. He's just cooperating with your photographer to show HOW a youngster SHOULDN'T hold his book when studying —if his eyes are normal.—*Staff photo.*

1. **Are all walls and ceilings painted so that they help to concerve light?** School walls should be painted with a non-gloss light colored paint of a high reflective factor. The best colors are ivory, light cream, medium gray, light blue-green, and flat tone light green.
2. **Is the window glass area cleaned frequently?** Are desks arranged so that the windows are to the left of the student?
3. **Are window shades adjusted frequently to prevent glare? Tests** reveal that light, translucent, soft colored window shades are best. They should be hung in the middle of windows on two rollers, one operating upward and the other downward. Pupils should share the responsibility for adjusting window shades and engage in adequate ele health instruction on the "why" and the "how" of their "learning by doing."
4. **Are students tested for possible visual disturbances by the teachers under the supervision of the nurse?** Plans should be made early in the school year for a screening program so that children who have vision difficulties can be directed to

Mrs. Vivian Ross, Duval County public health nurse, gave us a demonstration of the Snellen test, standard vision testing method in Florida schools. Here, too, there is a slight "staging" for Jane Atkins, the 10 year old posing for the picture doesn't stand quite the required 20 feet from the chart—because of the limited camera-working space. Inset, gives a front view of Jane as she signals the straight-up-and-down position of the "E" for Mrs. Ross.—*Staff photo.*

sources for adequate examination and correction. Bulletin No 4, *Florida's School Health Program*, available from the State Department of Education in Tallahassee, describes the acceptabe teacher procedures for this screening progam through use of Snellen Eye Charts.

Mrs. Ross works on the theory that children have a right to know "WHY," too. So after her routine vision testing work has been completed, she took time to explain to this little group the "whys and wherefors" for using the Snellen chart.
—Staff photo.

5. **Are students with poor or impaired vision seated in the two rows nearest the windows?** Teachers who have conducted eye testing procedures are aware of pupils who need this special consideration while corrections are being planned and effected.
6. **Do school room lights have 30 or more watt bulbs? Are all globes and light fixtures kept clean and free from dust?** School rooms should be wired so that one switch controls each row of lights, permitting the lights to be used as needed. Revolving student committees can cooperate in switching on and off ceiling lights at times needed.
7. **Do all teachers use a light meter periodically to test light in in their classrooms?** This procedure should be used by teachers to determine dimout and blackout areas and to record readings for bright, medium and cloudy days. Thus the teacher learns how to adjust both the natural and artificial lighting in the room.

IMPROPER

PROPER

Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • NOVEMBER, 1944 • VOL. 36 • No. 11

WELL-BABY NUMBER

Florida HEALTH NOTES

ESTABLISHED 189

ACCREDITED HEALTH UNITS

County	Town
Alachua	Gainesville
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Sumter	Bushnell
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
George A. Dame, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elsie D. Withey,
Acting Director

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D.

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

This issue of Health Notes is concerned with infant health—with promoting the soundest possible start in life for our many new Americans.

The well-being of persons at any age demands careful attention, but no other single age level compares in importance with the first periods of life—the pre-natal and infant stages. Problems of maternity care are so numerous and important that Health Notes does not attempt to give emphasis to both subjects in one issue.

Infant death rates in Florida are higher than they should be. In addition, many infant deaths occur which are not officially reported, and are not, therefore, counted in calculating rates. Only when it is known where, when, and why infant deaths occur can fullest efforts be applied to prevent similar tragedies. Applying knowledge within our reach would save the lives of many infants.

We are concerned not only that our babies live, but that they live well and are kept well, that they grow strong to enjoy full, happy, useful lives. It is hoped that this issue of Health Notes will further stimulate the growing interest in the best procedures for infant care—an interest which we hope will reach into every home and result in sound action on the part of parents, nurses, teachers, midwives and physicians.

The following eight pictures are presented as typical activities, interests and coordinations of children of different months of age up to their first year of life. *(Staff photos)*

Parents of babies in order listed: (1) Mr. and Mrs. W. Parran Minter, (2) Mr. and Mrs. John D. Johnson, (3 and 4) Mr.* and Mrs. R. A. Gray, (5) Dr. and Mrs. H. D. Turner, (6 and 8) Lt. and Mrs. John C. Withey, (7) Mr. and Mrs. A. H. Edwards, all of Jacksonville.**

*At sea.

**Serving in Italy.

(1) Life is just beginning for this little tyke. Only two weeks old, his only interest is warmth and food.

(2) This baby is showing definite interest in surroundings—and at two and one half months is discovering an outside world.

(3) Just four months old, this "real-live doll" is out to try her newly discovered diversion of sitting up—oops! better luck next time!

(4) Two weeks later she has mastered the trick! She's discovered how to brace herself with strong arms and hands.

(5) This young fella—six months young—has not only mastered the art of sitting alone, but is now showing normal interest in most playthings.

(6) "What's all this? I'll bet that handsome officer is my Dad I'll just CRAWL over and see for myself," mused this eight months old young lady. And so, through interest and incentive (mostly the coloring of the picture), she crawls, according to her mother, "at last."

(7) Here's a typical young man of ten months, checking-in in perfect style and condition with four well-formed teeth.

(8) And here is No. 6, three months later. Not content with crawling, she takes matters into her own hands and begins to walk "at last."

WELL-BABY CARE

FROM THE VIEWPOINT OF THE PEDIATRICIAN

by **LUDO VON MEYSENBUG, M. D.,**
Fellow, American Academy of Pediatrics
Chief, Pediatric Service, Halifax District Hospital,
Daytona Beach, Florida.

Dr. Meysenbug examines a small patient.

It is axiomatic that every baby is entitled to proper food and adequate health supervision. In order to fulfil these conditions periodic check-ups are necessary. This means a monthly, or oftener, visit to the doctor for weighing, examination and diet regulation.

One hears, even today, the remark, "My baby is well. There's no need to take him to the doctor unless he gets

sick." This misses the whole point of disease prevention through the supervision and proper immunization against disease.

The neonatal period is a much neglected one for there are many hazards to the new baby which often escape attention for lack of supervision. Hemorrhagic disease, known as hypoprothrombinemia, is all too common even in the face of exact knowledge of its prevention. Asphyxia, atelectasis, cerebral hemorrhage and thymic enlargement, are some of the conditions encountered in this period of life. All must be ruled out before a clean bill of health can be given.

In well-baby clinics, as well as in private practice, mothers should be instructed to bring the baby at least once a month for weight progress checks and for a general physical examination of the skin, fontanel eyes, mouth, heart, lungs, reflexes and dentition.

Knowledge as to proper progress implies answers to questions such as these: How much should a baby gain during a month? What increase in length is expected? When should the first tooth erupt? When should he sit alone? Walk? Say words? Feed himself? Be trained as to bowel function?

Let's consider these questions in the order mentioned. We expect a minimum gain of one and one-half pounds per month for the first three months, then one pound per month. Gain in length averages one inch per month for about nine months. We look for the first tooth at six months, sitting between the seventh and eighth month, walking at one year, words at sixteen to eighteen months, self-feeding at two plus years. Bowel training may be accomplished within the first year by a conscientious and diligent mother. Wetting takes longer to correct.

The busy physician will actually save himself time by spending a few minutes in conversation with the mother, asking necessary questions and explaining in detail what to do and how to do it, and most important of all, *writing down* what she is to do.

Printed formula blanks, supplied gratis by most of the baby food manufacturers, are great time savers and most of them are quite complete so that it is necessary only to fill in amounts.

Continued on page 221

A procedure emphasized in the Clay-Bradford County health unit is that of teaching mothers how to stimulate and increase the supply of breast milk. Instruction is given in the use of hand expression of the breast following nursing. This increases the amount of breast milk flow and insures total breast feeding rather than the poor substitute of partial or no breast feeding. Many mothers conclude too soon that their breast milk is inadequate and unknowingly deny their babies the added value of breast milk which might be properly and effectively stimulated.

Breast feeding is the best, easiest, and most inexpensive way to feed the baby. Breast milk forms small, finely divided curds in the stomach and is consequently easiest for the baby to digest. Milk in the breasts is always ready for use. It is fresh, clean, warm, and free from harmful germs. It contains more iron than cow's milk, and the iron of mother's milk is absorbed and used four or five times better than that of cow's milk.

★ **Home visits by the public health nurse** should include not only the follow-up of babies who are brought to the clinic, but especially those who are unable to come to the health center. Needed advice on caring for and feeding the baby should be given and suggestions offered for improving general home sanitation and family health practices.

★ **Educational mailing services** should be extended to mothers who cannot bring their babies to the clinic. As soon as possible after a baby is born an educational leaflet should be mailed to the mother. The listing of recent births can be secured from birth registrars in each county. The leaflet should explain in simple terms the importance of breast milk, how to preserve and increase the supply, how to care for the breast, the importance of weighing the baby at regular intervals, and how to handle and care for utensils and materials used in caring for the baby.

★ **In-service training of the health unit staff and midwives** is important for the improvement of infant services. Periodic staff training should be planned and supervised by the health officer so that the educational as well as technical effectiveness of the staff and service is increased. Demonstrations,

Continued on page 221

WELL-BABY CARE

FROM THE VIEWPOINT OF PUBLIC HEALTH SERVICES

by **IRVING R. ABRAMS, M. D.**, *Director,*
Clay-Bradford County Health Unit,
Green Cove Springs and Starke, Florida.

The room was crowded, but the camera just couldn't get into range the entire group of young mothers and children awaiting turns for routine check-ups at the Bradford County Health Department's well baby clinic in Starke. Clinic is under direction of Dr. I. R. Abrams, local health officer. Incidentally, Dr. Abrams is pretty proud of the twins in the foreground, as well as of a bouncing pair of Negro twins whose mother also presents them regularly for the doctor's careful inspection. "Well baby clinic" means just what it implies; a clinic where well youngsters are immunized and checked regularly as a preventive measure against diseases of infancy. These mothers don't wait until something is wrong! No mother should.

Infant mortality in Florida is needlessly high. We are encouraged by the fact that progress has been made, yet in a number of communities infant health services are far from adequate. An acute medical care shortage exists, to be sure, but despite present difficulties, public health physicians must make every effort to improve infant health through soundly conducted well-baby conferences or clinics. This involves careful planning and tireless work on the following basic phases of a public health infant care program.

★ **Well-baby conferences or clinics** should be conducted often enough to accommodate all who wish service. A careful physical check-up, weighing, diet advice, and administering immunizations are essential services. Mothers' questions should be answered clearly, courteously, and convincingly.

INFANT FEEDING

by **VERA WALKER**, *Nutritionist,*
Bureau of Maternal and Child Health,
Florida State Board of Health.

Milk — "the perfect food" — is not perfect, not even for babies. It is low in iron. Pasteurized milk and evaporated milk are also low or entirely lacking in vitamin C. Mothers' milk may or may not contain adequate amounts of this vitamin, depending on the mother's diet. If she consumes as much as an iced-tea glass of orange or grapefruit juice DAILY in addition to other fruit and vegetables, her milk will probably provide enough vitamin C for the baby's first few months. However, it is easier and safer to see that the baby has orange juice daily than to depend on the mother's intake.

The baby who has been well-nourished during his pre-natal life will be born with a store of iron in his liver to last him for several months. Vitamin C, on the contrary, is not stored, and should be added to the infant diet very early, especially if he is not breast-fed.

Cereals with whole grain values, green and yellow vegetables, egg yolk, potato, fruit pulp, and lean meat are added, one by one, during the first year, usually in the order named. The time and order of adding them depends on the child and his apparent needs; for babies are individuals from birth.

It is important that these foods be given, and given early. Babies develop anemia and even scurvy because mothers do not realize the need for foods other than milk. Moreover, it is easier to teach the baby to eat the foods he should if those foods are given to him early in life.

It is equally important that the baby NOT be given candy, bottled cold drinks, or sweet desserts. Parents who give these things to babies, or allow other adoring adults to give them, are letting themselves in for a great deal of trouble. Of course the baby will like them! In fact, he will probably prefer

them to egg yolk and greens. He may even prefer them to milk. A program of coaxing and bribing may easily develop, then, and continue for years.

Milk, plus orange juice and cod liver oil, cereals (including bread) with whole grain values, green and yellow vegetables, and lean meat make up an adequate diet. If every baby had these foods every day, there would be little nutritional deficiency, except for the occasional child with a food allergy or metabolic difficulty.

WELL BABY CARE—From the Viewpoint of the Pediatrician

Continued from page 217

If one has a rather set program of feedng, results are uniformly successful. For example, cod liver oil concentrate and Vitamin C should be started at four months, and vegetables at six months. Some such graduated procedure makes for happy babies.

Immunizations at the proper age are naturally included in the health supervision, but these procedures are dealt with elsewhere in this issue.* The importance of this cannot be emphasized too strongly.

WELL BABY CARE—From the Viewpoint of Public Health Service

Continued from Page 219

careful explanations and practice periods should be provided as part of the training. Visual aids, manuals, and the latest reliable books should be studied and discussed. Available educational pamphlets for mothers should be understood by clerks, nurses, and midwives who can thereby assist in the intelligent distribution of these materials.

Other important phases of a public health infant care program could be discussed at length, but at least the basic essentials presented here must be adequately provided for if we are to hope for healthier, happier babies in Florida.

*See page 222.

GUARDING THE BABY AGAINST DISEASE

Your baby can be protected (immunized) from certain dangerous diseases of childhood. This should be done as soon as possible. Ask your doctor or the health department to tell you when to have your baby immunized.

Following are some general rules about immunization:

SMALLPOX: Have your baby vaccinated any time between three to twelve months of age. If the vaccination "takes," there will be a small scar and you will not have to have the baby vaccinated again for at least five years. If the vaccination does not "take" the first time, the baby should be vaccinated again every year until it does "take" and a scar appears. All children and grown people also should be re-vaccinated at least every five to seven years.

DIPHTHERIA: Before the baby is a year old, he should be immunized against diphtheria. The best time is between nine and twelve months of age. Four weeks after the first immunization the doctor will want to immunize him once more. When he is old enough to start to school have him immunized again for diphtheria and once again when he is twelve years old.

TYPHOID: Typhoid is "caught" from the germs in the body wastes of a person sick with typhoid or from a typhoid "carrier." Water, milk, and foods given to the baby might sometime be infected with these body wastes and cause the baby to have typhoid. Immunization will protect your baby from this dangerous disease. Ask your health department when to immunize your child for typhoid fever.

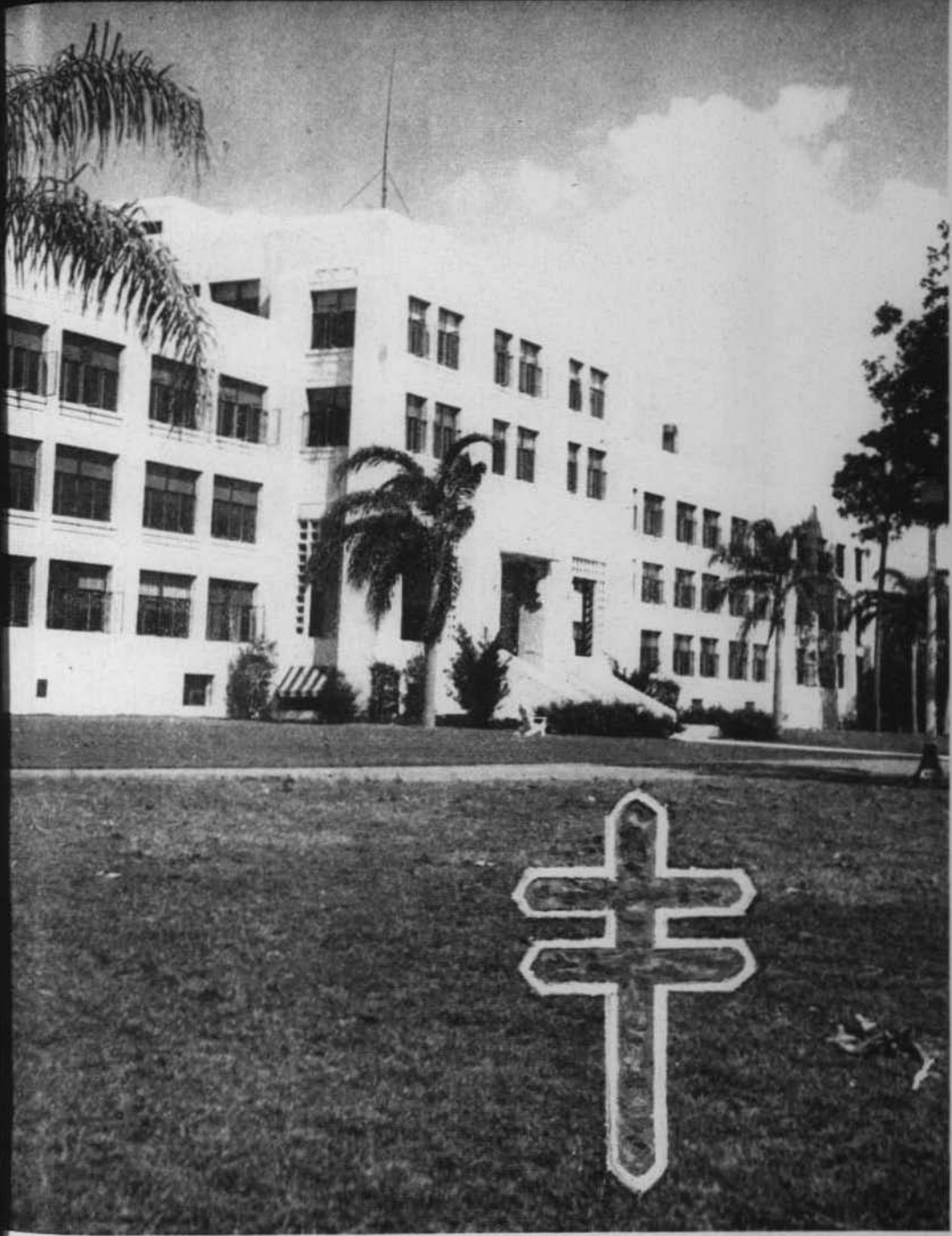
WHOOPING COUGH: Your baby can be immunized against whooping cough after six months of age or at any age during an epidemic. The first course of three treatments should be followed in two years by a single (reactivating) treatment. This disease is very dangerous for babies and small children. You can protect your baby from it by having him immunized.

TETANUS: After the baby is two years old, he can be immunized against tetanus (lockjaw). Babies and young children often get rusty nails or dirty sticks into their hands or feet. There is danger of tetanus (lockjaw) when this happens. Protect your baby from this by having him immunized.

SCARLET FEVER: If your baby is exposed to scarlet fever or if there is an epidemic in your community, ask your family physician for advice.

MEASLES: If your baby is exposed to measles, he can be temporarily immunized so that he may not get the disease or if he does it will be less severe. This immunization should be given within five days after he has been exposed to measles. It will protect your child only for a few weeks after it is given.

"BIBLIOGRAPHY FOR EXPECTANT PARENTS" is a new list of free or inexpensive pamphlets and books available on the care of mothers and babies. It will be sent free upon request. Address: The Library, Florida State Board of Health, Jacksonville 1, Florida.



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • DECEMBER, 1944 • VOL. 36 • No. 12

TUBERCULOSIS NUMBER

Florida HEALTH NOTES

ESTABLISHED 189

ACCREDITED HEALTH UNITS

County	Town
Alachua	Gainesville
Baker	Maccienny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Polk	Bartow
Santa Rosa	Milton
Seminole	Sanford
Sumter	Bushnell
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Accounting
G. Wilson Baltzell

Dental Health
D. H. Turner, D.D.S.

Local Health Service
George A. Dame, M.D.

Narcotics
M. H. Doss

Engineering
John B. Miller

Health Education
Elsie D. Withey

Laboratories
Pearl Griffith, Acting Director

Maternal & Child Health
Lucille J. Marsh, M.D.

STATE
BUREAUS—DIVISIONS
JACKSONVILLE

Public Health Nursing
Ruth E. Mettinger, R.N.

Vital Statistics
Edward M. L'Engle, M.D.

Epidemiology
E. F. Hoffman, M.D

Tuberculosis
E. J. Teagarden, M.D.

Venereal Disease Control
R. F. Sondag, M.D.

Malaria Control
J. H. Paul, M.D.
Director

Malaria Research
Tallahassee
Mark F. Boyd, M.D.
Rockefeller Foundation

Entomologist
John A. Mulrennan

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

TUBERCULOSIS

In last year's article I cited the time when it seemed tuberculosis was first recognized. These historical records will not do much towards the control of the disease. They simply show its antiquity.

One of the reasons the disease continues is that nothing so far has been done toward the isolation of the advanced cases among the poor who are careless and indifferent as to where they expectorate.

It often happens that in such homes there are young children who develop active cases of tuberculosis and pass the infection to other members of the family or to their associates.

According to Wade Hampton Frost,* "the most that can be done is to summarize the principal kinds of activity and to set them in an order of relative importance . . . as follows:

1. "The isolation in sanatoria of all known open cases of pulmonary tuberculosis, continuing isolation so long as the cases remain open.

2. "Adequate medical care, preferably in institutions, for the known cases of tuberculosis which are active but not in an open stage, since these cases constitute the group most likely in the immediate future to become infectious.

3. "More vigorous effort to find cases of tuberculosis earlier and to bring them more promptly under medical care and under isolation if they are discharging bacilli.

4. "Special protection, including medical observation and advice, and financial aid as needed, for those groups who, though not at the time suffering from tuberculosis, are most imminently endangered.

"The isolation of known open cases is placed first because it is the most direct method that we have for reducing the prevalence of tubercule bacilli in our environment; the measure which, applied to the smallest number of people, gives the maximum of protection to the community. It is also one of the measures at present often neglected or compromised by makeshift attempts at home isolation. But the broader reason for giving first place to isolation of open cases is that if this is carried out thoroughly it leads up to all the other measures indicated. For it is in the household associates of the open case that the search for additional cases should begin, with the certainty of finding some that are in need of medical care; and, if prevention of tuberculosis is the aim, nowhere is generous financial aid more urgently needed or better justified than in the families of the tuberculous poor who bear the double risk of intimate exposure to the bacillus and poverty."

HENRY HANSON, M. D.,
State Health Officer.

*Frost, Wade Hampton, "How Much Control of Tuberculosis," *American Journal of Public Health and The Nation's Health*, 27: 759-766, August, 1937.

CAPTAIN TO CAPTIVE

by E. J. TEAGARDEN, M. D., *Director,*
Division of Tuberculosis,
Florida State Board of Health.

Fifty years ago the beloved physician, Sir William Osler, called tuberculosis "Captain of the Men of Death". Today, though long since deposed from captain's rank, tuberculosis still remains a grim and formidable enemy of the human race. Of all preventable diseases, it still holds first place in Florida and in the United States as a cause of death, disability, and economic disaster.

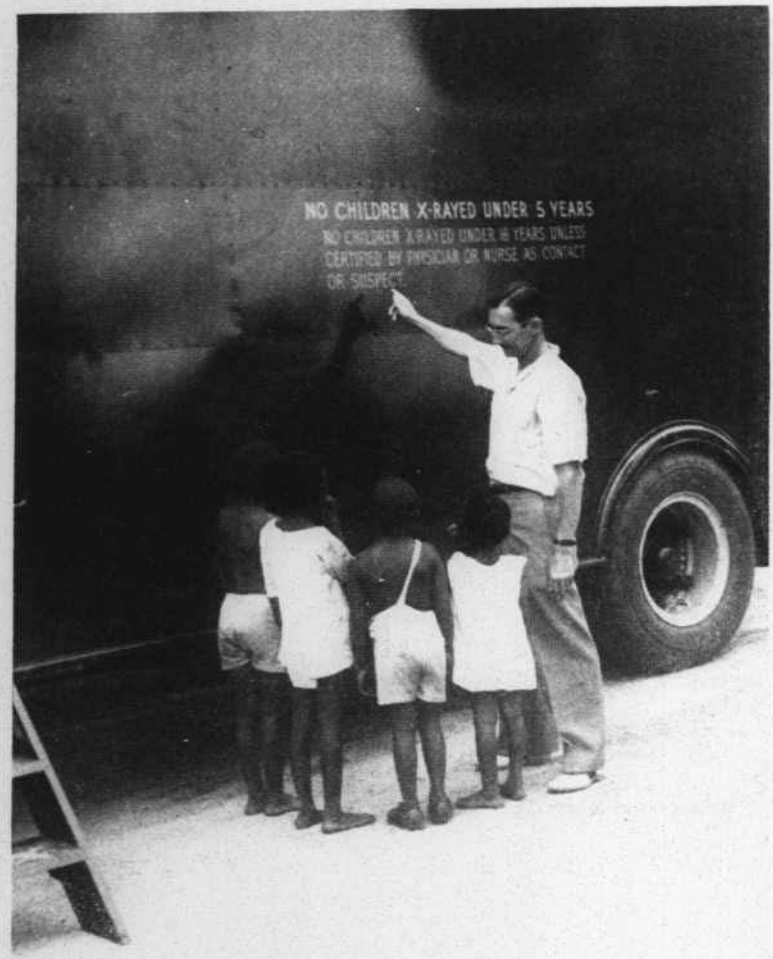
Space does not permit, nor is there need, of here recalling the history of tuberculosis and its gradual conquest. The past forty years have witnessed a decline in the tuberculosis death rate to one-fourth its former figure. We are now faced by the law of diminishing returns, and unless some new method of attack is devised and placed in operation, the struggle may still be prolonged over generations.

For some years, optimistic observers have told us that tuberculosis could be definitely and completely controlled —even eradicated—if we could use to the fullest extent every known means of control. This is exactly the new method we now have at hand. Briefly, it consists of **finding every case of tuberculosis, early or late, and giving adequate treatment combined with proper isolation until the need for treatment and isolation is past.**

How can such a program be organized and carried out? What changes in and additions to our present program will it involve? In answer to these questions, the outline of a tentative program follows:

We must greatly expand our sanatorium facilities to accommodate every known case of active tuberculosis. Plans for this expansion are described elsewhere in this issue. Construction, obviously, must wait until after the war.

For case-finding and follow-up in the five proposed sanatorium districts, we need five physicians, specializing in tuberculosis, one to supervise this work in each district. A public health nurse, with general training and duties, but well-grounded in tuberculosis control, should also be assigned to each district to work in conjunction with the medical officer. Monthly diagnostic and follow-up service



Periodically the State Board of Health's mobile x-ray unit comes "home" to make an x-ray survey of State Board of Health employees. During these proceedings this fall a group of Negro children watched with wide-eyed curiosity. Here Dr. E. J. Teagarden, Director of the Division of Tuberculosis, is explaining to them the huge laboratory on wheels. They were quite awed to learn that the mobile unit visits "all over Florida" to find tuberculosis and that at present it is being used to conduct surveys among war workers in several of Florida's large shipbuilding concerns.

(Staff photo).

The front cover picture is a recent view of the entrance to the State Tuberculosis Sanatorium at Orlando

must be offered in the counties of each district. This can probably be accomplished by means of portable x-ray machines, transported in passenger cars, one for each district, and each accompanied by an x-ray technician. At least two medical social workers, one white and one colored, should be assigned to the State Sanatorium to deal with the many medical-social problems of patients and their families.

Existing pneumothorax stations should be improved and new ones established wherever needed. The facilities for pneumothorax over the State are inadequate in many places. Local medical talent can largely be depended on to administer the treatments, although a period of training might be advisable in some cases. A fluoroscope must be present and used at each station.

In addition to the 35 millimeter Mobile X-ray Unit now operated by the State Board of Health, at least one additional mobile unit is needed. This would possibly take 4"x5" films, which in many cases are diagnostic without additional follow-up. Another possibility is a 70 millimeter roll film unit, which strikes a medium between the diagnostic qualities of the 4"x5" and the cheapness of the 35 millimeter.

For this x-ray equipment, a central dark room will be needed, with a technician to process the films.

A central case register at the State level is most desirable in addition to registers in counties with health units.

Only six months ago this would have sounded like a day dream. Last July, however, Congress passed a bill creating a Division of Tuberculosis in the United States Public Health Service, permitting appropriations to be made for this work. Dr. Herman E. Hilleboe is chief of this division. When funds become available, they will be allotted as grants-in-aid to the various states on the basis of (1) population, (2) extent of the tuberculosis problem, (3) financial need.

Steps have already been taken to make sure that Florida will receive her rightful share of these funds. A tentative budget has been drawn up and submitted to Dr. Hilleboe, covering the first six months of 1945. Unfortunately for our greatest need, no sanatorium construction can be done until after the war. We will, therefore, have to concentrate largely on case-finding, follow-up, and local treatment (pneumothorax) facilities. The State Tuberculosis Board has plans well under way for sanatorium construction, in anticipation of the time when such becomes possible.

The next few years will give us an heretofore unequaled opportunity to wipe out tuberculosis. Dr. Thomas Parran, Surgeon General, United States Public Health Service, and others say, "No Tuberculosis by 1960." Can we make that come true in Florida? Can we reduce the once "Captain of the Men of Death" to a helpless captive?

PICTORIAL VIEWS OF LIFE AT THE FLORIDA TUBERCULOSIS SANATORIUM

The following pictures, interspersed throughout this issue, were taken at Orlando and show that life there is indeed different from mere "confinement in an institution." As each patient recovers sufficiently he is soon absorbed into a myriad of activities. Patients do an excellent job of planning and enjoying their recreation and are highly interested in the important occupational therapy program conducted at the sanatorium.

Popular, indeed, is the library, two scenes of which are shown on this page. The attractive room is well lighted and furnished comfortably with easy chairs, divans and tables. The library began as a result of an anonymous gift and is now maintained largely by proceeds from the portable store (see page 237). Patients alternate in serving as librarian. Particularly is the room a delight to those who are not yet well enough to engage in all other actiivities.

(Staff photo).

HOSPITALIZING FLORIDA'S TUBERCULOUS

by MRS. MAY PYNCHON, *Executive Secretary,*
Florida Tuberculosis and Health Association,
207 Medical Arts Building,
Jacksonville (4), Florida.

Tuberculosis is controllable and preventable. A belief in the truth of this statement prompted the State of Florida to provide a Tuberculosis Sanatorium where the tuberculous sick are given an opportunity to receive modern treatment and establish a recovery from their disease. Because of the limitations of hospital space, however, hundreds of Florida citizens are denied an opportunity to recover.

Health and welfare authorities have long recognized that additional beds to hospitalize Florida's tuberculous sick is the greatest need in the state's tuberculosis control program. The present State Sanatorium at Orlando has only 400 beds. Local hospital units, some of them merely isolation wards at county homes or hospitals, provide approximately 400 additional beds. In most of these only custodial care can be provided.

The isolation of advanced tuberculosis cases, more than any other single factor, will drastically reduce the rate of infection and soon show the results in a declining death rate. Florida lacks hospital space to isolate properly most advanced cases at present. Persons hopelessly ill with tuberculosis should and can, if hospitalized in district sanatoria, be given humanitarian treatment and placed sufficiently near their families and friends to warrant their seeing them from time to time. Persons whose disease can be arrested must also be given opportunities to recover.

According to nationally recommended standards there should be a minimum of 2½ hospital beds for the tuberculous for every one annual death. In 1942 in Florida there were 867 deaths from tuberculosis; 328 of these were white and 499 colored.

Where more than 400 persons, staff included, live together as a community group engaged in so many activities, a newspaper is a MUST. Here the Florida Sanshine staff gives the November galley a final inspection before putting the paper "to bed." The twenty page publication carries news of general goings on of both staff and patients, semi-technical articles by staff members, views and ideas of individual patients, "personals" and the usual jokes.

(Staff photo).

With these figures at hand, Dr. Henry Chadwick, nationally recognized authority on tuberculosis, came to Florida to make a survey and to assist in estimating Florida's need for hospital beds in respect to their distribution among five districts of the state.

The recommendations of Dr. Chadwick, which have been approved by the State Tuberculosis Board and the Florida Tuberculosis and Health Association, are based on findings and estimates which are the outgrowth of long experience in the tuberculosis field. They are accepted by authorities throughout the nation as sound. Recommendations include the following proposed distribution of beds within the five sanatorium districts (see map on opposite page).

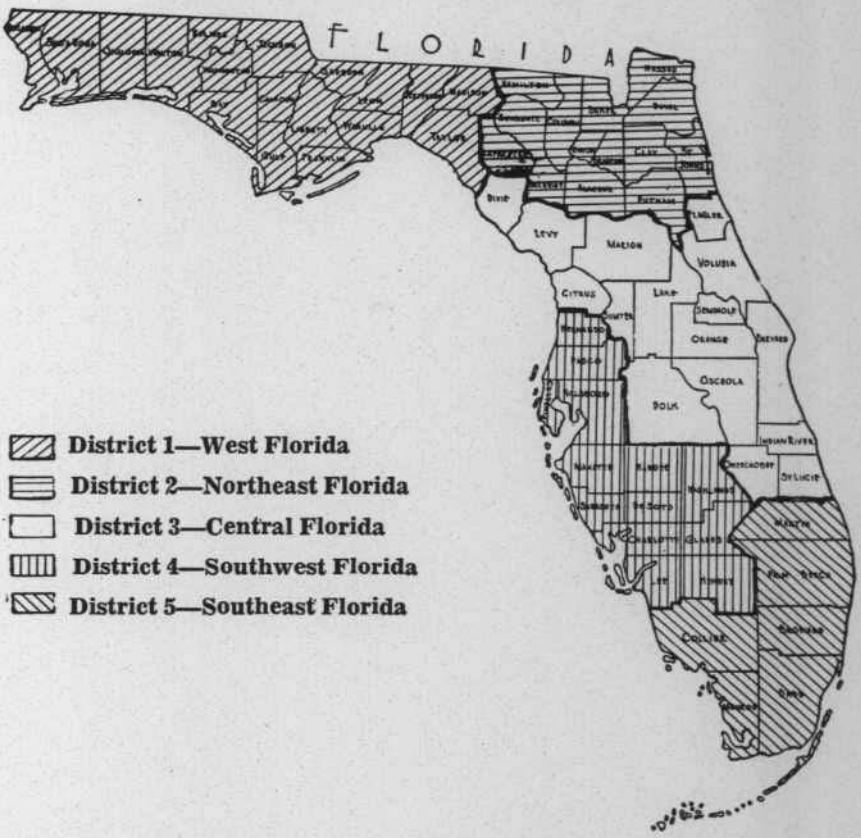
District 1, West Florida—200 beds.
District 2, Northeast Florida—500 beds.
District 3, Central Florida—600 beds (400 already exist at Orlando).
District 4, Southeast Florida—400 beds.
Distrite 5, Southwest Florida—400 beds.
Totaling 2,100 beds, or 1,700 new beds needed in addition to the 400 present ones.

On the basis of the survey, plans are being developed for the postwar construction of 1,700 additional hospital beds by the State Tuberculosis Board, of which Mr. W. T. Edwards of Jacksonville is chairman, cooperatively with the War and Postwar Planning Committee of the Florida Tuberculosis and Health Association, of which committee Dr. Duncan McEwan of Orlando is chairman.

The State Tuberculosis Board has already employed an architect to develop preliminary plans and specifications to be presented to the Federal Works Agency at the first possible moment for the necessary sanatoria, to be located within the five districts previously mentioned. It has submitted its plan to the State Planning Board as part of Florida's postwar construction program.

It is recommended that the present State Sanatorium at Orlando be used as the central unit and that all major surgery be done in this unit, with transfers to be made from other

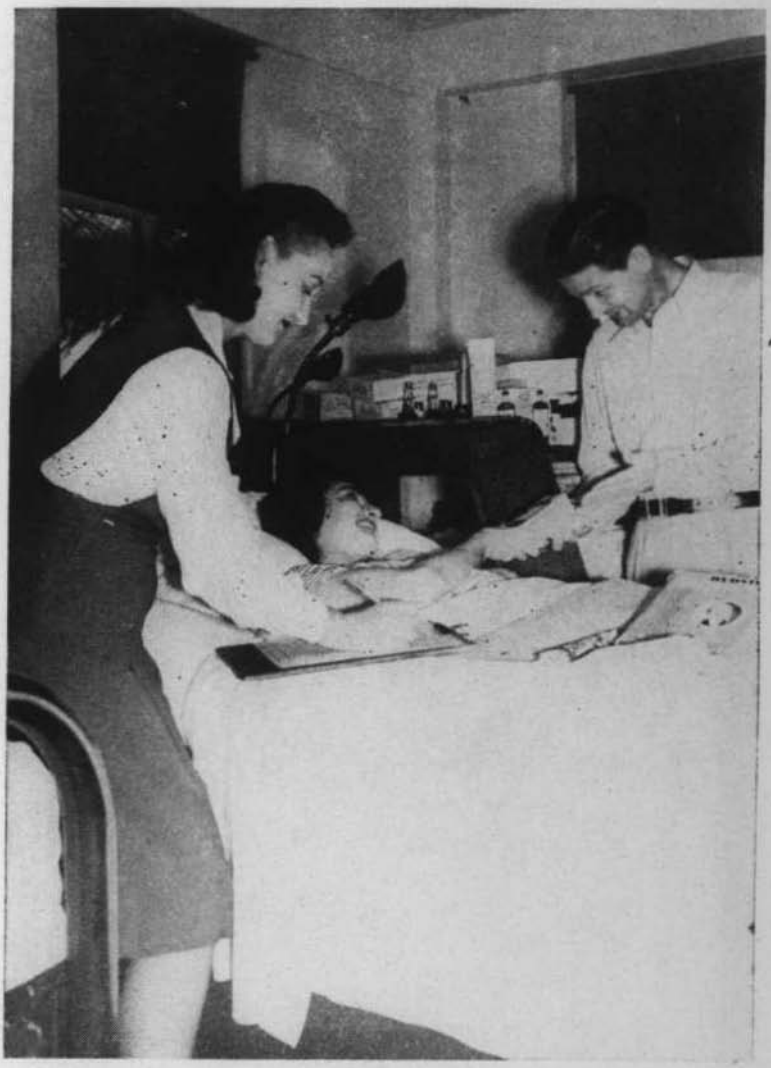
SANATORIUM DISTRICTS
FLORIDA STATE TUBERCULOSIS BOARD



units as needed. This is recommended primarily because there is fine surgical talent available at the present sanatorium, while the dearth of well trained chest surgeons would make it difficult to staff adequately all district sanatoria for this work. The maintenance of units for chest surgery in all districts would also be a very expensive undertaking.

All units will be operated on the high standard set by the State Tuberculosis Board. Lists of necessary equipment are being developed and will be submitted to the federal government in an effort to secure some of the surplus equipment to be disposed of at the close of the war. Approximately 40% of the cost of an institution for the tuberculous is chargeable to equipment.

(Continued on page 240)



There was a time when patients either wrote home for personal necessities such as writing paper and tooth paste, or asked nurses or visitors to shop for them. Now, with their own portable store, wheeled regularly through the building, patients can buy from a variety of staples as their needs arise. Proceeds are used for purchasing new books for the library, phonograph records or other items which make life more fun for all. The store has alternate "keepers," one to take care of the sale and the other to keep the records. *(Staff photo).*

Taking time out for a few minutes' get-together before going to their various activities, these patients show how they enjoy the little informal and unstaged swing sessions in the combination chapel-auditorium-play room. *(Staff photo).*

POST SANATORIUM TREATMENT

by **ROBERT H. CLEVELAND, M. D.**
Jacksonville, Florida.

Advising and caring for patients who return home from the Florida State Tuberculosis Sanatorium requires close cooperation between the physician and the sanatorium staff. Discharged patients should not be considered totally cured of tuberculosis. The patient has merely reached a stage of improvement where his further cure or treatment can be continued at home.

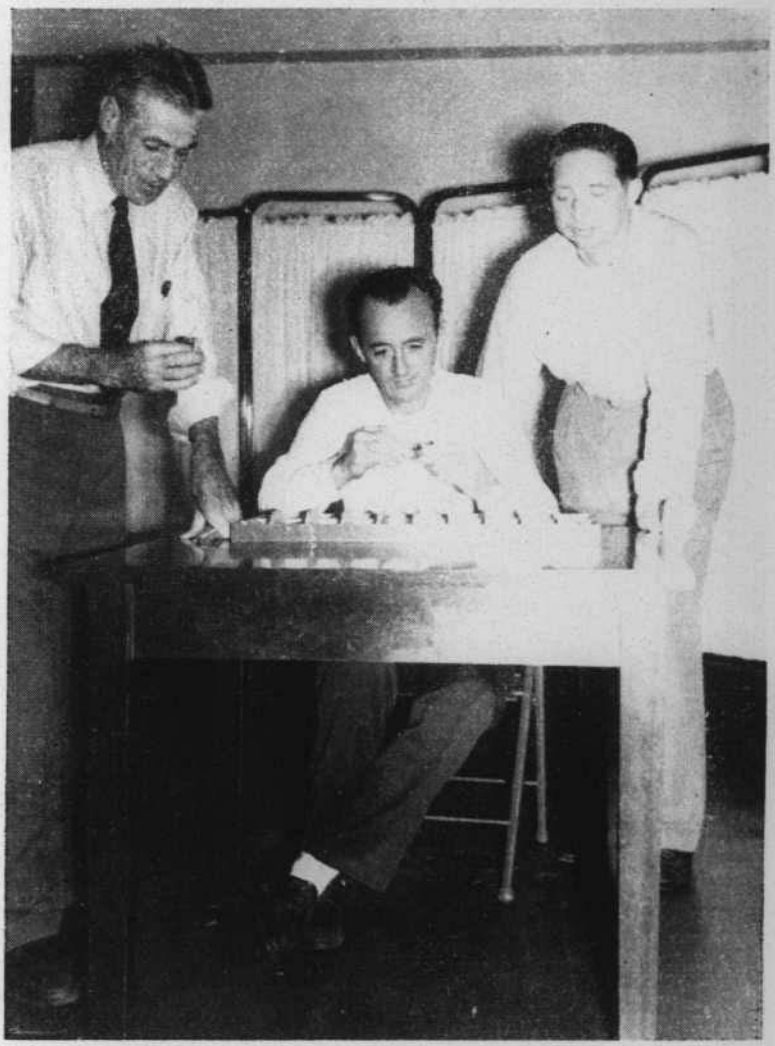
The patient would not have been discharged from the sanatorium if he were capable of infecting his family, friends, or society in general. He should not, therefore, be looked down upon, nor his dishes or clothes be kept separate from the family's, nor unnecessary segregation practiced.

Before being discharged, each patient is required to make arrangements for his own future care with some reputable physician interested in chest work. Post-sanatorium care may involve pneumothorax treatments at regular intervals, or if no active treatment is required, periodic check-ups must be secured every three to six months.

Results of the first check-up are sent by the physician to Dr. R. D. Thompson, Superintendent of the Sanatorium at Orlando. Here the results are compared with the patient's medical records at the sanatorium. If the physician feels it advisable to send results of later check-ups to the sanatorium, he does so.

Patients unable to pay for the services of a private physician for post-sanatorium care may be eligible for pneumothorax treatments and x-rays at county hospitals. Where these services are not available in county hospitals, county commissioners may underwrite physician's fees.

When a patient leaves the sanatorium, he is given a routine to follow in respect to periods for rest, exercise, and work. The instructions cover only the immediate post-



During the course of recovery each patient takes a series of aptitude tests in preparation for his discharge from the sanatorium, after which time he will engage in a program of vocational rehabilitation for further training in the trade or occupation best suited to his needs. Here we see Henry B. MacKown (left), of the sanatorum staff, timing a patient on one of these tests.
(Staff photo).

sanatorium period of from three to six months. If the patient's progress is favorable after the first check-up, which is usually made from three to six months after discharge, rest periods may

be slightly shortened and periods of light work begun. If the beginning three hours of work in the mornings are well tolerated the period may be increased to four hours, and if later check-ups prove favorable, two or three hours of work in the afternoons following an after dinner rest period are prescribed.

No special foods are required other than three well-balanced meals daily with plenty of milk. Meals should be full ones eaten punctually at regular hours. Foods of high caloric value should be stressed, and at least two glasses of milk consumed with each meal unless the patient is extremely obese, in which case the milk intake can be safely cut to a pint or quart daily. Additional vitamins are not necessary if the diet is adequate and if the patient is of good nutritional status.

Patients who do not have a suitable job or trade to return to should be directed to their District Vocational Rehabilitation agent for job training and placement. Positions suited to the individual's ability and physique will be found for him through the agent's cooperation with the physician.

The period of readjustment to outside life can be difficult and individuals vary in their reactions. Some may tend to "run wild" after the restrictions of the sanatorium. Others must actually be encouraged to resume a normal way of living. The doctor or nurse can be of great aid in helping the patient to adjust mentally, emotionally, and socially, while he continues his treatment for tuberculosis at home.

HOSPITALIZING FLORIDA'S TUBERCULOUS—(Continued from page 235)

Because the colored contribute 57 per cent of the tuberculosis deaths, adequate provision in the new units will be planned for Negro patients. Judging from past experience, the death rate may be expected to decline more slowly in the colored than in the white race, and in the future, therefore, negroes will require a higher percentage of the beds that are used in Florida.

More educational work must be done to persuade patients to accept sanatorium treatment for their own good and for the welfare of the community. Sanatorium care offers the patient the best chance to recover and, at the same time, protects relatives and friends from infection. The addition of the proposed sanatoria will assuredly be a milestone in Florida's efforts to eradicate tuberculosis.

In the workshop, operated through the occupatonal therapy program, patients make everything from knick-knacks to substantial furniture. Many who have long wanted to make things with their hands can work here to their hearts' content. Most of the handiwork is absorbed by other patients—some is bought by visitors.

LABORATORY TEST FOR TUBERCLE BACILLI

by **MISS PEARL GRIFFITH**, *Acting Director of Laboratories, Florida State Board of Health, Jacksonville, Florida.*

The laboratory diagnosis of tuberculosis involves only the methods that have been developed for the identification of the tubercle bacilli. The tubercle bacilli may be found in the sputum or other discharges if the tuberculous process has progressed sufficiently to cause a breakdown of the tissue and the tubercle bacilli are being discharged along with the necrotic material. The disease is fairly well advanced frequently before the tubercle bacilli are found in the discharge.

The original simple demonstration of acid-fast bacilli in a suitably stained smear has undergone refinement in the direction of greater thoroughness by the increasing study of concentration and culture methods. Various concentration technics have been devised which have made microscopic examination much more accurate and searching than formerly and studies upon the destruction of contaminants without injury to the tubercle bacilli have greatly improved the results obtained in the search for the organisms by culture methods.

For the past few years the State Board of Health Laboratories have used a concentration method as a routine in the examination of sputum for tubercle bacilli. A direct examination is made on specimens where insuffcient material for concentration has been submitted.

Concentration of the sputum is carried out by mixing the sputum with an equal quantity of four per cent sodium hydroxide containing 0.2 per cent potassium alum and 0.002 per cent of bromthymol blue, shaking five minutes and digesting in the incubator at 37° C. for one hour. After digestion is complete, neutralize with a few drops of 2.5 N hydrocloric acid. If flocculation does not readily occur, add 0.2 cc of one per cent ferric chloride. Centrifuge for five minutes and decant supernatant fluid. Prepare smears from sediment, fix with heat and stain by Czaplewsky's cold acid-fast staining method. Part of the sediment is used for culture and guinea pig inoculation.

Results of the examinations are reported as:

Acid-fast organisms found morphologically resembling tubercle bacilli
No acid-fast organisms found
Atypical acid-fast organisms found. Please submit further specimens.

Cultures are now made only on specimens showing atypical acid-fast organisms and to confirm microscopic findings on some specimens showing typical tubercle bacilli. Limited personnel prohibits culturing all specimens.

Animal inoculations will be performed on selected cases when requested by the physician. All animal tests are made in the central laboratory.

For culture and animal inoculation at least four to six weeks' time is required before any positive conclusions can be reached.

TUBERCULOUS REJECTEES IN FLORIDA

by CLIO McLAUGHLIN, R. N., *Nursing Consultant*
Bureau of Public Health Nursing, State Board of Health

Follow up of tuberculous rejectees is conducted by public health nurses where full time county health units are in operation and by the tuberculosis nursing consultant of the State Board of Health in unorganized counties. Assistance is received in some unorganized counties by Red Cross, school or county nurses. The shortage of nursing personnel and the wide distances to be covered prevent the very rapid follow-up desired for ideal service.

Needless delay and much concern would be avoided, however, if the rejectee were given needed advice and some idea of the reason for rejection before he leaves the induction center. Although it would not be considered wise for the patient to be told outright that he has tuberculosis, he should be informed that a possible chest disorder is present which needs further attention as soon as possible. The following authentic cases reveal this need:

A barber in a Florida community received draft notice and reported for a physical examination. His rejection slip stated, "Physically unfit." The barber continued his regular routine for several months until severe fatigue forced him to stop work and seek his physician. His x-ray disclosed advanced tuberculosis. He is now under care, but his own safety as well as the safety of others with whom he came in contact during the lost months would have been much better safeguarded had he been advised when rejected that his condition might be serious.

In another case a druggist, suspecting no serious trouble when rejected for a general lack of fitness, suffered severe emotional reactions when he later realized that his own cure had been delayed and other persons endangered by the tuberculous condition his follow-up x-ray revealed. In panic, he had his wife and children x-rayed, sold his business, applied for hospitalization, closed his home and sent his family away. Such extreme fright could be prevented if careful warning and advice were given early at the time of rejection.

A summary of the number of tuberculous rejectees reported by Florida counties during the last four years is presented on the following page.

FLORIDA REGISTRANTS REJECTED BY REASON OF TUBERCULOSIS

	1941	1942	1943	Jan. 1-May 31 1944	Jan. 1-May 31, 1944 TOTALS
STATE	105	285	810	490	1690
Alachua	4	4	7	7	22
Baker	—	—	—	3	4
Bay	1	6	11	6	24
Bradford	5	2	5	6	18
Brevard	3	2	3	2	10
Broward	4	7	22	10	43
Calhoun	—	1	1	3	5
Charlotte	—	—	—	—	—
Citrus	—	1	—	1	2
Clay	8	—	3	1	12
Collier	—	1	—	3	4
Columbia	1	2	5	8	16
Dade	20	72	136	107	335
DeSoto	3		2	7	12
Dixie	—	2	9	1	12
Duval	9	21	167	60	257
Escambia	—	15	36	15	66
Flagler	—	1	3	2	6
Gadsden	1	5	7	3	16
Gilchrist	—	—	1	—	1
Glades	—	—	—	—	—
Gulf	1	1	1	—	3
Hamilton	—	—	1	3	4
Hardee	1	—	1	2	4
Hendry	—	1	2	2	5
Hernando	—	—	2	1	3
Highlands	—	—	2	2	4
Hillsborough	8	26	74	48	156
Holmes	—	3	3	—	6
Indian River	1	—	6	5	12
Jackson	—	6	4	3	13
Jefferson	—	1	6	—	7
Lafayette	—	2	—	—	2
Lake	1	6	9	3	19
Lee	1	1	9	3	14
Leon	—	4	5	9	18
Levy	—	—	2	2	4
Liberty	—	1	—	1	2
Madison	—	1	3	1	5
Manatee	—	—	7	3	10
Marion	—	4	5	11	20
Martin	1	—	3	1	5
Monroe	—	2	7	3	12
Nassau	—	2	6	1	9
Okaloosa	—	1	2	3	6
Okeechobee	—	—	2	—	2
Orange	1	4	28	14	47
Osceola	—	—	1	3	4
Palm Beach	11	9	31	34	85
Pasco	2	2	2	2	8
Pinellas	6	10	55	17	88
Polk	4	22	24	23	73
Putnam	1	1	10	2	14
St. Johns	—	—	3	4	7
St. Lucie	1	2	4	7	14
Santa Rosa	—	3	3	2	8
Sarasota	3	3	15	2	23
Seminole	—	1	13	4	18
Sumter	—	—	3	1	4
Suwannee	—	1	1	1	3
Taylor	1	7	2	2	12
Union	—	1	—	—	1
Volusia	2	2	20	15	39
Wakulla	—	1	2	—	3
Walton	—	4	1	—	5
Washington	—	3	4	1	8
Counties Unknown	—	3	5	1	9
Residents of other states rejected in Fla. (Not included in State Totals)	1	21	30	34	86

The Hillsborough County Tuberculosis Sanatorium, Tampa, is outstanding among county sanatoria. It was opened in November, 1943, and has a capacity of 90 beds. The hospital is under the medical direction of Dr. W. L. Potts.

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
JACKSONVILLE, FLORIDA

RESIDENT DEATHS FROM TUBERCULOSIS (ALL FORMS) AND RATES PER 100,000 POPULATION BY COLOR, FLORIDA, 1934-1943

	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1943	842	44.0	366	26.3	476	91.9
1942	867	45.3	368	26.4	499	96.4
1941	927	48.5	364	26.1	563	108.7
1940	973	50.9	375	26.9	598	115.5
1939	931	50.2	371	27.6	560	110.2
1938	1012	56.4	420	32.4	592	118.8
1937	987	56.8	412	33.0	575	117.7
1936	925	55.1	399	33.3	526	109.9
1935	908	56.0	395	34.3	513	109.4
1934	961	60.6	386	34.3	575	124.6
United States 1942	—	43.1	—	34.4	—	118.4

Protect Your Home from TUBERCULOSIS

BUY and USE Christmas Seals